

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 30 May 1972	
1. SERIAL NUMBER 060389		2. NAME (Last-First-Middle) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>				3. NATURE OF PERSONNEL ACTION Conversion and Retirement (Voluntary) under CIA Retirement & Disability Sys	
4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 30 72		5. CATEGORY OF EMPLOYMENT Regular		6. FUNDS V TO V CF TO V XX CF TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135-0620	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH Branch 6 Office of the Chief				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION TITLE Ops Officer, Chief		12. POSITION NUMBER 1844		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 7		17. SALARY OR RATE \$ 30,701	
18. REMARKS From: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 115v Release w/ <div style="border: 1px solid black; width: 80px; height: 20px;"></div> 6/28/72 <div style="border: 1px solid black; width: 100px; height: 50px; display: inline-block; transform: rotate(-15deg);">CIS</div> 1 - Security 1 - Finance							
19A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers				DATE SIGNED 5/27/72		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 45 10		20 OFFICE CODES NUMERIC ALPHABETIC		21 STATION CODE		22 OFFICER CODE	
23 DATE OF BIRTH MO DA YR		24 DATE OF GRADE MO DA YR		25 DATE OF LEI MO DA YR		26 SECURITY RES ID	
27 SPECIAL REFERENCE		28 DET-RSMT DATA		29 SEPARATION DATA CODE		30 COMPLETION (AMT/RT/CR/DA)	
31 RET. REFERENCE		32 SERV COMP DATA		33 LOSE COMP DATA		34 CARRIES (STAGE)	
35 PERIOD (TRIAL/ADJ/RENEWAL) CODES		36 LEAVE CAT CODE		37 MEMBER TAG DATA		38 LOCAL SECURITY RES	
39 POSITION AUTHORITY (TRIAL/ADJ/RENEWAL) CODES		40 LEAVE CAT CODE		41 MEMBER TAG DATA		42 LOCAL SECURITY RES	

6.
43

SECRET

28 5/72

SECRET
(When Filled In)

Name (Last-First-Middle)

CERTIFICATION OF SEPARATING EMPLOYEE

[Redacted Name Field]

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check marks:

- 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).
Declined due to leave
- 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance).
- 3. Standard Form 56 (Agency Certification of Insurance Status, Federal Employees' Group Life Insurance Act of 1954).
- 4. Standard Form 2802 (Application for Refund of Retirement Deductions).
- 5. Form 2595 (Authorization for Disposition of Paychecks).
To bank on usual
- 6. Applicable to returnee (resigned from overseas assignment).
I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.
 Appointment arranged with Office of Medical Services.
 Appointment for Office of Medical Services examination declined.
- 7. I have been informed of "conflict of interests" policy of the Agency and forenoon no problem in this regard concerning my new employment.
- 8. Form 71 (Application for Leave).
- 9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Active Forces Duty).
- 10. Instructions for returning to duty from Extended Leave or Active Military Service.

Signature of Employee	Date Signed
[Redacted Signature]	12 Oct 72

Address (Street, City, State Zip Code)	Correspondence
[Redacted Address]	[Redacted Correspondence]

OFF

15 SEP 1970

MEMORANDUM FOR: Chief, WII Division

THROUGH : Acting Deputy Director for Plans

SUBJECT : Certificate of Distinction for
Mr. [REDACTED]

The Honor and Merit Awards Board is pleased to notify you that the Certificate of Distinction has been approved by the Executive Director-Comptroller in recognition of Mr. [REDACTED] sustained superior performance. Security considerations relevant to the award are contained in the attached memorandum from the Office of Security. Arrangements for presentation may be made with the Executive Secretary, Honor and Merit Awards Board, extension 3645, room 412, Magazine Building.

/s/ R. L. Austin, Jr.

R. L. Austin, Jr.
Recorder
Honor and Merit Awards Board

Att

Distribution:

- O & 1 - Addressee
- ~~1~~ - D/Pers -- OPF w/forms 382 & 600
- 1 - Exec Sec/HMAB
- 1 - Recorder/HMAB

OFF

REPORT OF HONOR AND MERIT AWARDS BOARD

Executive Security

29 August 1972

The Honor and Merit Awards Board having considered a recommendation that

ESAL OR ID NO. 060389 NAME (Last, First, Middle) [Redacted] [Redacted] [Redacted] EMPLOYEE M Staff

OFFICE OF ASSIGNMENT CS/WH SR D SCHEME GRADE GS 15 STATION

BY AWARDED

Certificate of Distinction

FOR HEROIC ACTION ON

FOR MERITORIOUS SERVICE OR ACHIEVEMENT DURING THE PERIOD June 1952 - June 1972

RECOMMENDS APPROVAL

DOES NOT RECOMMEND APPROVAL

RECOMMENDS AWARD OF

UNCLASSIFIED CITATION

Mr. [Redacted] is hereby awarded the Certificate of Distinction in recognition of his sustained superior performance throughout his Agency career. Since 1952 he has served in a variety of important positions in Headquarters and overseas in which the superior quality of his performance was sustained by his skillful leadership and dedication. In each assignment he has shown unswerving dedication to duty, good judgment and the ability to respond quickly in demanding situations. Mr. [Redacted] overall contributions to the mission of the Agency reflect credit on him and the Federal Service.

REMARKS

(Recommendation approved by ADD/P on 11 August 1972)

APPROVED

/s/ W. E. Colby

SIGNATURE /s/ Harry B. Fisher

Executive Director

TYPED NAME OF RECOMMENDING AGENCY OFFICIAL HARRY B. FISHER

13 SEP 1972

SIGNATURE /s/ R. L. Austin, Jr.

TYPED NAME OF REVIEWER R. L. Austin, Jr.

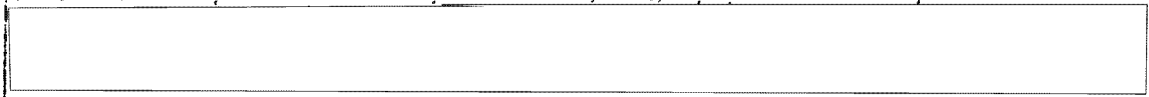
OPF

Approved for Release by NSA on 05-08-2014 pursuant to E.O. 13526

Approved for Release by NSA on 05-08-2014 pursuant to E.O. 13526

Mr. [redacted] entered on duty with the Agency in June 1952, after having served with the Army, SIC, from 1942 to 1949 and, subsequently, as Chief, Civil Intelligence Branch in the Panama Canal Zone Government from 1949 to 1952. In January 1955 he was appointed Deputy Chief of Station, Havana and remained in this position until January 1959 when he was reassigned to Headquarters. Mr. [redacted] served as Deputy Chief of Station, [redacted] from 1965 through 1973, and as Deputy Chief of MI Division Civil Operations Group from 1966 to June 1968. He assumed the position of Chief of Station, [redacted] in June 1968. Since April 1971 Mr. [redacted] has been assigned as Chief, MI Division, Branch 6, which encompasses the important [redacted] area.

Mr. [redacted] has held positions of responsibility from the very outset of his Agency career. While demonstrating ample qualities of leadership and excellent managerial skills, his continuing interest lies in the real heart of Agency activities—the production of intelligence and the conduct of actions against our targets. This was high-lighted during his recent tour as COS, [redacted]. The last year of his tour was marked by two extremely delicate, highly productive operations



CONTINUED ON ATTACHED PAGE

43. Enclosure (if any) individually in one location is not an acknowledgment of receipt nor does it constitute knowledge of the fact or non-fact of receipt, unless accompanied by a separate acknowledgment of receipt.

1. Proposed Changes

2.

3.

44. RECOMMENDATION INITIALED BY	45. TITLE AND POSITION OF OFFICER MAKING RECOMMENDATION	46. DATE
Theodore G. Shackley	[redacted] Chief, MI Division	26 JUL 1972
47. TITLE AND POSITION OF OFFICER FORWARDED TO	48. TITLE AND POSITION OF OFFICER RECEIVING	
HEAD OF [redacted] (General Director of Operations)	Deputy Director for Plans	
49. TITLE AND POSITION OF OFFICER FORWARDED TO	50. TITLE AND POSITION OF OFFICER RECEIVING	
51. TITLE AND POSITION OF OFFICER FORWARDED TO	52. TITLE AND POSITION OF OFFICER RECEIVING	

OFF

-continued-

[Redacted]

Over the years Mr. [Redacted] has been extremely effective in liaison activities. Through his skillful approach and genuine interest in the problems of representatives of foreign countries, he has been able to

[Redacted]

During the past year, the task of supervising the [Redacted] Branch has been a most challenging one. [Redacted] has become a knotty foreign policy problem, and is the subject of continuous and extensive discussions between the Agency, the State Department, and other components of the Government, while receiving the attention of the most senior policy makers. Requirements from many directions have required constant pressure to respond with ideas, methods, procedures and the subsequent position papers. Through it all Mr. [Redacted] has maintained a sense of balance and professionalism which permits a proper focus on the crisis of the moment. We have been fortunate in having an officer of Mr. [Redacted] caliber in this position during such a difficult period.

In recognition of Mr. [Redacted] demonstrated continuous superior performance as a senior intelligence officer, which has contributed to the accomplishment of the mission of the Agency, it is recommended that he be awarded the Certificate of Distinction.

C-O-N-F-I-D-E-N-T-I-A-L

21 March 1973

Dear []:

You have just completed, at my direction, seven weeks of full-time service on the GS-13 Clandestine Service Personnel Evaluation Board. I know that this work has been particularly demanding. Your participation and diligent application of your professional experience have been decisive factors in the successful accomplishment of the Board's missions.

In the course of this assignment you have become thoroughly familiar with the use and interpretation of personnel files and personnel practices of the Clandestine Service. Having reviewed and analyzed the files of [] or more CS officers, you have had to make judgments and recommendations concerning their relative-ranking and their qualifications for promotion, for training required to overcome a deficiency or enhance career effectiveness, for changes of assignment to further career development and for Quality Step Increases to recognize outstanding performance. In so doing, you have carefully studied the career development of a large number of officers in all components of the CS, both as individuals and in relationship to each other in terms of merit and value to the Clandestine Service.

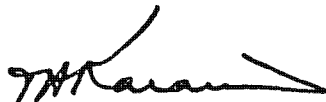
You have become familiar with a broad spectrum of personnel and administrative problems on a practical working level and have acquired a knowledge of personnel management which will better equip you to handle supervisory positions which require personnel reporting and career development of subordinates. The committee format of the panels has also deepened your understanding of the conference approach to management problems.

C-O-N-F-I-D-E-N-T-I-A-L

Mr. []
WH Division

C-O-N-F-I-D-E-N-T-I-A-L

I wish to commend you personally for your participation in an evaluation procedure which helps to strengthen the Clandestine Service Career Service. A copy of this letter will be included in your official personnel file so that your supervisors and future Evaluation Boards may make due note of this service.



Thomas H. Karamessines
Deputy Director for Plans

C-O-N-F-I-D-E-N-T-I-A-L

D.D.M. State

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1. SERIAL NUMBER 060389						2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 06 13 71		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
V TO V		V TO G		1135-0623					
G TO V		X G TO G							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DEVELOPMENT COMPLEMENT				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.					
11. POSITION TITLE OPS OFFICER - CHIEF				12. POSITION NUMBER 9997		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 6		17. SALARY OR RATE \$28,291			
18. REMARKS FROM: DDP/WH/FF/ [redacted] 0198 COMPLIMENT SLOTING IN DEVELOPMENT PENDING ISSUE OF PCR FOR BRANCH 6 (NEW). * other [redacted] * [redacted] 2 - SECURITY 1 - FINANCE * H.B. WH 6/14/71 PB 6/24/71									
18A. SIGNATURE OF REQUESTING OFFICIAL HENRY D. BERTHOLD, C/WH/PERS			DATE SIGNED 6/14/71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 16 June 71		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE 37	20. EMPLOY CODE 18	21. OFFICE CODES NUMBER ALPHABETIC 51277 6/11		22. STATION CODE 70623	23. INTIGAGE CODE	24. HODGES CODE 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. DUTY EXPERT MO DA YR	29. SPECIAL REFERENCE	30. ASSIGNMENT DATA - PFC - OSGE - FILB - PSEL		31. SEPARATION DATA CODE	32. CONDITION CANCELLATION DATA PFRY MO DA YR			33. SECURITY 000 00	34. SER
35. PAY PREFERENCE CODE 0-000 1-1 P 2-10 P		36. SERV COMP DATA MO DA YR	37. LOSS EGP DATA MO DA YR	38. CAREER LAYOFF LAD RPLZ RPOD TLEP	39. (16A) HEALTH CONSUMER L-PTB S-200-001 S-UNAVAILABLE	39. SERVIC SECURITY 00			
41. PERSONNEL TITLE GOVERNMENT SERVICE CODE 0-00 1-00 2-00		42. LEAVE EST CODE	43. FEDERAL TAX DATA MO DA YR		44. STATE TAX DATA MO DA YR		45. STATE SECURITY 00		
46. POSITION CLASSIFICATION				47. O.P. APPROVAL		DATE APPROVED 6/10/71			

1152

SECRET

14-00000

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 28 September 1971		
1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle)						
3 NATURE OF PERSONNEL ACTION Reassignment				4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 22 71		5 CATEGORY OF EMPLOYMENT Regular		
6 FUNDS		7 FINANCIAL ANALYSIS NO CHARGEABLE 2135-0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)				
9 ORGANIZATIONAL DESIGNATIONS DDP/WH Branch 6 Office of the Chief		10 LOCATION OF OFFICIAL STATION Washington, D.C.						
11 POSITION TITLE Ops Officer, Chief			12 POSITION NUMBER 1844		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (G.S. L.B. etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 15 6		17 SALARY OR RATE \$ 28,291		
18 REMARKS Home Base: WH ✓ * Wash., D.C. From : DDP/WH/Dev Comp 1 - Finance								
18A SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers			DATE SIGNED 25 Sept 71		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED Sept 71	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE 37		20 EMPLOY CODE 10		21 OFFICE CODING 51480 WH		22 STATION CODE 75013		
23 INTIGRLE CODE		24 MOOTHS CODE 1		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		
27 DATE OF LES MO DA YR		28 SPECIAL REFERABLE		29 RETIREMENT DATA -FSC -OPSR -TCA -NONE		30 SEPARATION DATA CODE		
31 CORRECTION (CANCELLATION) DATA TYPE MO DA YR		32 SECURITY REQ. NO		33 SEX		FOD DATA		
34 VET PREFERENCE CODE 0-NONE 1-5 PR 2-10 PR		35 SIV COMP DATE MO DA YR		36 LONG COMP DATE MO DA YR		37 CAREER CATEGORY CODE 1-11 2-PR		
38 HEALTH INSURABLE CODE 1-WAIVE 2-YES 3-NO/DPT 4-UNAVAILABLE		39 SOCIAL SECURITY NO		40 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NONE 1-NO OTHER SERVICE 2-OTHER GOVERNMENT SERVICE (LESS THAN 3 YEARS) 3-OTHER GOVERNMENT SERVICE (MORE THAN 3 YEARS)		41 LEAVE LAC CODE		
42 FEDERAL TAX DATA CODE 1-YES 2-NO		43 STATE TAX DATA CODE 1-YES 2-NO		44 POSITION CONTROL CERTIFICATION		45 ICP APPROVAL DATE APPROVED		

43

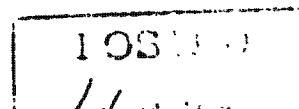
60

P SECRET

14-00000

BS: 20 OCT 71

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION										
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)								
060389										
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT					09 22 71		REGULAR			
6 FUNDS		7 V TO V		7 V TO CF		7 Financial Analysis No. Chargeable		8 CSC OF OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		2135 0020 0000		50 USC 403 J		
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OF OFFICIAL STATION					
DJP/WH BRANCH 6 OFFICE OF THE CHIEF					WASH., D.C.					
11 POSITION TITLE					12 POSITION NUMBER		13 SERVICE DESIGNATION			
OPS OFFICER CH					1844		D			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE			
GS			0136.01		15 6		28291			
18 REMARKS										
WASH., D.C.										
HOME BASE: WH										
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL										
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEREST CODE	24 MONTH CODE	25 DATE OF BIRTH		26 DATE OF GRADE	27 DATE OF LEI
37	10	51480 WH		75013		1				
28 INT. EXPRES.		29 SPECIAL REFERENCE	30 RET. PAYMENT DATA		31 SEPARATION DATA CODE	32 CORRECTION/ALTERNATIVE DATA			33 SECURITY REG. PWD	34 SEX
						IOD DATA				
35 VET. PREFERENCE		36 SERV. COMP. DATE		37 LONG. COMP. DATE		38 CAREER CATEGORY		39 HEALTH INSURANCE		40 SOCIAL SECURITY NO.
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT. CODE		43 FEDERAL TAX DATA			44 STATE TAX DATA	
SIGNATURE (OR OTHER AUTHENTICATION)										
<div style="text-align: right;">  </div>										

FORM 1130
1-68
GPO : 1970 O-700

SECRET DMB

105111

SECRET

(When Filled In)

MOB: 15 JUL 71

NOTIFICATION OF PERSONNEL ACTION

DDP

1 SERIAL NUMBER 060300		2 NAME (LAST, FIRST, MIDDLE)	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE 06 15 71	5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	7 V TO V	7 Financial Agency No. Chargeable	8 CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X	CF TO CF
9 ORGANIZATIONAL DESIGNATIONS DDP/WH DEVELOPMENT COMPLEMENT		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE OPS OFFICER CHIEF		12 POSITION NUMBER 0587	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS OR W-1)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0130.01	15 6	28261
18 REMARKS OTHER			
HOME BASE: WH			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 37	20 EMPLOY CODE 18	21 OFFICE CODING 31597 WH	22 STATION CODE 75013	23 INTEGRITY CODE	24 HOURS CODE 1	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
28 DATE EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 Correction/Computation Code	EOD DATA		33 SECURITY REQ NO	34 SER
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 FEEDBACK HEALTH INSURANCE		40 SOCIAL SECURITY FNO		
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE	43 FEDERAL TAX DATA		44 STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

POSTED

Ad 7.20.71

Executed By
[Signature]

M.F. [Redacted]
[Redacted]
Vienna, Virginia 22180

27 JUN 1972

Dear Earl:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have every reason to feel great pride in your accomplishments. Your record of service is both example and goal for the young people who are now just beginning their careers in intelligence.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,
[Signature]
Richard Holms
Director

STP
[Vertical Stamp]

- Distribution:
- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - D/Pers
- ✓ 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator: /s/Harry B. Fisher
Director of Personnel

27 JUN 1972

OP/RAD/ROB/[Redacted]/3257 (20 June 1972)

ADMINISTRATIVE
INTERNAL USE ONLY

233497

CIA RETIREMENT AND DISABILITY SYSTEM
Request for Retirement

I. Name of Applicant : [Redacted] DOB : [Redacted]
Grade : GS-15 Position : Operations Officer
Office/Division : Western Hemisphere Division
Career Service : Clandestine Service

II. Date Requested for Retirement : 30 June 1972
Age at that Date : 37
Years of Creditable Service : 27
Years of Agency Service : 20
Years of Qualifying Service : 13

III. Applicant's Career Service
Recommends : Approval Disapproval
Reasons for recommending disapproval _____

IV. Retirement Board
Recommends : Approval Disapproval
Reasons for recommending disapproval _____

V. Director of Personnel
Recommends : Approval Disapproval
Reasons for recommending disapproval _____

Director of Personnel

20 JUN 1972

Director of Personnel

Date

VI. Action by Director of Central Intelligence :

Approved

Disapproved

Richard Holms

Director of Central Intelligence

Date

ADMINISTRATIVE
INTERNAL USE ONLY

1-1234

SECRET

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT : Appointment of Mr. [redacted] as Chief, Branch 6, WH Division

1. The appointment of Mr. [redacted] as Chief of Branch 6, WH Division effective on or about 12 April 1971 is recommended. Mr. [redacted] will replace Mr. Lawrence M. Stornfield who will assume the duties of Chief, Cuban Operations Group, WH Division.

2. Mr. [redacted] has been an employee of the Agency since June 1952; he has recently completed his assignment as COS, [redacted] Attached is a biographic profile which reflects his training, foreign language proficiency, and Agency experience.

William V. Broe
William V. Broe
Chief

Western Hemisphere Division

Attachment:
Biographic Profile (Parts I and II)

The recommendation in Paragraph 1 is APPROVED:

DDI Curran
Deputy Director for Plans

16 Apr 71
Date

SECRET

MEMORANDUM FOR: 

SUBJECT : Foreign Divorce Decree

1. The purpose of this memorandum is to bring certain information to your attention which relates to the fact that your current spouse was a party to the dissolution in Mexico of a former marriage.

2. Recently, the Office of General Counsel completed a study of the validity of a Mexican divorce decree and potential problems arising from such a divorce for JKLANCE employees concerned and JKLANCE. A summary of OGC's study is attached.

3. You will note from the attachment that the employee whose current marriage follows a Mexican divorce may be confronted with serious problems affecting eligibility for payment of various government benefits such as reimbursement of hospitalization expenses, survivorship benefits and certain types of overseas allowances. My purpose in writing to you, therefore, is to be sure you are made aware of and understand the seriousness of the problems which would arise in the event of a challenge to the validity of the Mexican divorce and, consequently, to the validity of the current marriage. This challenge could arise at any time and from a number of sources.

4. JKLANCE has another interest stemming from Mexican divorces and this is one of security, depending upon the employee's specific employment. In the event such a divorce is challenged, subsequent litigation and attendant publicity become quite probable. It is, of course, in JKLANCE's best interest that this sort of activity be avoided where possible.

5. Recognizing that there are various types of Mexican divorce, and also that the various states in the United States have decided cases in different ways depending on the type of Mexican divorce involved and its own case law,

you may wish to discuss your personal situation with your attorney or a representative of JKLANCE's Office of General Counsel. In the meantime, however, JKLANCE's position with respect to your situation is that it assumes the validity of your current marriage, unless the earlier Mexican divorce action and your current marriage are challenged. Should that challenge ever occur, it may be necessary for JKLANCE to determine that your eligibility for benefits based on your current marriage must be suspended until such time as the challenge is litigated or otherwise resolved. Special note should be taken of the fact that such a challenge might arise after your death, possibly resulting in the distribution of insurance proceeds and other death benefits to other than your immediate family as constituted at your death and contrary to your own intentions and wishes.

6. Please advise me of your plans and any actions taken in connection with the above. If you have any questions on the substance of this memorandum or its purpose, please do not hesitate to let me know.



Att

Distribution:

- 0 - Addressee through DDP/OP and C/WH Division
- 1 - Director of Security
- 1 - General Counsel
- 1 - D/Pers Subject
- 1 - D/Pers Chrono
- 1 - OPF
- 1 - C/BSD

OP/BSD/RLAustin (10 Feb 71)

SECRET

27 JAN 1971

MEMORANDUM FOR: Director of Personnel

SUBJECT : Foreign Divorce Decrees,
Agency Employees - Staff or Contract

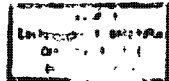
REFERENCE : Memorandum for Director of Security
dated 18 December 1969 from the
Director of Personnel

1. Mr. [redacted] was married to [redacted]
[redacted] on 30 November 1965.

2. Mrs. [redacted] was granted a divorce at Juarez, Mexico
on 17 June 1963.

Harlan A. Westrell
Harlan A. Westrell
Deputy Director
For Personnel Security

SECRET



SECRET

SSA-DD/S #71- 0895

29 MAY 1971

12642

MEMORANDUM FOR: Director of Personnel
THROUGH : Deputy Director for Plans
SUBJECT : Mr. [redacted] - Request
for Approval of Ten Days of
Additional Home Leave
REFERENCE : HR 20-30b(3)(b)(10)

1. The circumstances surrounding Mr. [redacted]
[redacted] departure from [redacted] where he had
been Chief of Station, are described in the attached
memorandum. Because of the [redacted] of his
PCS transfer to Washington, Mr. [redacted] has requested
an additional ten days of home leave. As he is a [redacted]

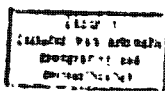
[redacted]
of his additional home leave and the charge to his annual
leave by adjusting Mr. Williamson's escrow leave account
as appropriate.

2. Due to the nature of his transfer, Mr. [redacted]
request for an additional ten days of home leave appears
to be warranted. In accordance with the provisions of
the referenced regulation, it is recommended that Mr.
[redacted] request for an additional ten days of home
leave be approved.

William V. Broo
William V. Broo
Chief
Western Hemisphere Division

Attachment:
As stated

SECRET



SECRET

- 2 -

SUBJECT: Mr. - Request
for Approval of Ten Days of
Additional Home Leave

CONCUR:

h Gordon Mason
Deputy Director for Plans

25 May '71
Date

The request in paragraph 2 is APPROVED

h
Director of Personnel

25 May (97) 1
Date

SECRET

SECRET

14 April 1971

MEMORANDUM FOR THE RECORD

SUBJECT: Home Leave - [REDACTED]

1. The following are the circumstances concerning my departure and home leave from [REDACTED]

a. My home leave and return for a second tour to [REDACTED] was approved by Chief, WH Division in the summer of 1970 for January 1971.

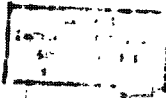
b. In October 1970 home leave and return orders were requested from [REDACTED] and physicals were taken.

c. In December 1970 home leave and return orders were received from the [REDACTED] based on the itinerary I had requested to be effective on or about 1 January 1971.

d. My departure scheduled for 3 January was deferred by the [REDACTED] based on operational considerations at the time.

e. On 8 January 1971 I was officially declared [REDACTED] by the [REDACTED]

SECRET



SECRET

-2-

f. To give the public [redacted] was a [redacted] the Agency, and the [redacted] agreed to the postponement of my departure until 21 February 1971.

g. On 11 February 1971 I received [redacted] orders based on my previously requested itinerary for home leave and reassignment to Washington.

h. My home leave itinerary included five days annual leave in Mexico enroute and 25 days home leave reporting for duty on 5 April. I actually arrived in D. C. on 23 March and was fully occupied until 5 April in locating and renting a home and getting my family settled.

i. In accordance with [redacted] I have been credited with only 15 days home leave and the additional 10 days have been charged to annual leave.

2. I submit that the circumstances of my [redacted] from [redacted] and beyond my responsibility or control. The delay in departure definitely occurred because of operational requirements abroad which negated my original home leave schedule. I would like to request the granting of an exception to the 15 day home leave limitation to show my return to duty as of 23 March (the date I arrived in D. C.) rather than 5 April the date the [redacted] has me returning to duty.

[redacted]

SECRET

SECRET
(If Now Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 23 September 1970	
1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle)			
3 NATURE OF PERSONNEL ACTION Reassignment DDP/WH - 23 September 1970			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 20 70		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS Y TO V CF TO V		Y TO CF X CF TO CF		7 FINANCIAL ANALYSIS NO. CHARGEABLE 1135-0856	
9 ORGANIZATIONAL DESIGNATIONS DDP/WH Foreign Field Branch 2 Station			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE Chief of Station			12 POSITION NUMBER 0198		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 15 6	
17 SALARY OR RATE \$ 26,700					
18 REMARKS To add PRA information - PRA in accordance with HR 20-17e(1)(c) NFC: 09-14-72 X-HB WIT					

- 2 - Security
- 1 - Finance

18A SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold C/WH/PER'S			DATE SIGNED 23 Sep 1970			18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED 9/27								
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
9 ACTION CODE 37		10 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 51650 WIA		22 STATION CODE 16069		23 INTEGRAL CODE		24 POSITIVE CODE 3		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LSI MO DA YR	
28 HIRE EXPIRES MO DA YR 09 14 72		29 SPECIAL REFERENCE 83		30 RETIREMENT DATA CODE		31 SEPARATION DATA CODE		32 CORRECTION CANCELLATION DATA TYPE MO DA YR EOD DATA				33 SECURITY HQ NO		34 SER			
35 PFT PREFERENCE CODE 0-None 1-1 PT 2-18 PT		36 SEPR COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CODE FAR DES PROV TEMP		39 FEGLI REASON VARIABLE CODE 0-BAIRED 1-FES		40 SOCIAL SECURITY NO							
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO CREAS IN SERVICE 2-CREAS IN SERVICE (LESS THAN 3 YEARS) 3-CREAS IN SERVICE (MORE THAN 3 YEARS)				42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1-FES 3-NO		44 STATE TAX DATA FORM EXECUTED CODE NO TAX STATE COND 1-FES 3-NO		45 POSITION CONTROL CERTIFICATION				46 O P APPROVAL DATE APPROVED 9-28-70			

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

19 APRIL 1968

1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle) [Redacted]	
3 NATURE OF PERSONNEL ACTION REASSIGNMENT		4 EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 19 YEAR: 68	
5 CATEGORY OF EMPLOYMENT REGULAR		6 FUNDS V TO V: [] V TO CF: [] CF TO V: [] CF TO CF: XX	
7 FINANCIAL ANALYSIS NO CHARGEABLE 8135 0856		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 [Redacted] STATION		10 LOCATION OF OFFICIAL STATION [Redacted]	
11 POSITION TITLE GPS OFFICER - CHIEF OF STATION		12 POSITION NUMBER 0198	
13 CAREER SERVICE DESIGNATION D		14 CLASSIFICATION SCHEDULE (G.S. 1 B. etc.) GS	
15 OCCUPATIONAL SERIES 0136.05		16 GRADE AND STEP 15 GS	
17 SALARY / DATE \$ 29,243 10/65 ✓		18 REMARKS	

FROM: DDP/WH/C OFFICE OF THE CHIEF/SLOT 1106

Wash. D.C.

Finance

19A SIGNATURE OF REQUESTING OFFICER HENRY L. BERTHOLD C/WH/PERSONNEL	DATE SIGNED <i>14 May 68</i>	19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	DATE SIGNED <i>10 May 68</i>
---	---------------------------------	---	---------------------------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 57	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 10650 ALPHABETIC: WH 1106	22 STATION CODE	23 INTEGRITY CODE	24 HOURS CODE 3	25 DATE OF BIRTH MO. DA. YR.	26 DATE OF GRADE MO. DA. YR.	27 DATE OF LSI MO. DA. YR.	
28 WFE EXPIRES MO. DA. YR.	29 SPECIAL REFERENCE 1 - FCC 2 - OREG 3 - FTR 4 - WCL	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO. DA. YR.	33 SECURITY RES. NO.	34 SER.	EOD DATA →		
35 VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36 SERV COMP DATE MO. DA. YR.	37 LOBB COMP DATE MO. DA. YR.	38 CAREER CATEGORY CODE 1 - FIS 2 - PROF	39 FEDERAL HEALTH INSURANCE CODE 0 - NO FIS 1 - FIS	40 SOCIAL SECURITY NO.				
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YEARS) 3 - BREAK IN SERVICE (MORE THAN 3 YEARS)	42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	44 STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO						
45 POSITION CONTROL CERTIFICATION			46 C/P APPROVAL [Redacted]			DATE APPROVED [Redacted]			

1152 USE PREVIOUS EDITION

SECRET

STANDARD FORM NO. 63 (REV. 5-62)

SECRET

1. NAME (Last, First, Middle)		2. DATE OF BIRTH		3. GRADE	
[Redacted]		[Redacted]		GS-15	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment)			5. PRESENT POSITION		6. EMPLOYEE EXTENSION
DDP/WII/COG			Ops Officer		7451
7. PROPOSED STATION			8. PROPOSED POSITION (Title, Number, Grade)		
[Redacted]			Chief of Station, 0198		
9.		10. ESTIMATED DATE OF DEPARTURE		11. NO. OF DEPENDENTS TO ACCOMPANY	
[Redacted]		June 1968		2	
12. COMMENTS					
13. DATE OF REQUEST		14. SIGNATURE OF REQUESTING OFFICIAL		15. ROOM NUMBER AND BUILDING	
14 February 1968		[Redacted]		3 D 5309 HQS	
16. EXTENSION					
4516					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
<p align="center"> QUALIFIED FOR IMMEDIATE ASSIGNMENT OVERSEAS [Redacted] Chairman, Overseas Candidate Review Panel JUN 15 1968 </p>					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET

1324

19 DEC 1967

MEMORANDUM FOR: Director of Central Intelligence

THROUGH : Deputy Director for Plans

SUBJECT : Appointment of Mr. [redacted]
as Chief of Station, [redacted]
[redacted]

1. The appointment of Mr. [redacted] as Chief of Station, [redacted] effective on or about June 1968 is recommended. Mr. [redacted] would replace Mr. Louis P. Napoli.

2. Mr. [redacted] has been an employee of the Agency since June 1952 and is presently assigned as Operations Officer, GS-15, Deputy Branch Chief of the WH/COG. Mr. [redacted] has served in Havana and [redacted] and has excellent command of the Spanish language. A biographic profile, including information regarding his Agency experience and training, is attached.

William V. Broe

William V. Broe
Chief
Western Hemisphere Division

Attachment:
Biographic Profile (Parts 1 & 2)

APPROVAL RECOMMENDED:

[Signature]
Deputy Director for Plans

Date

The recommendation in Paragraph 1 is APPROVED:

[Signature]
Director of Central Intelligence

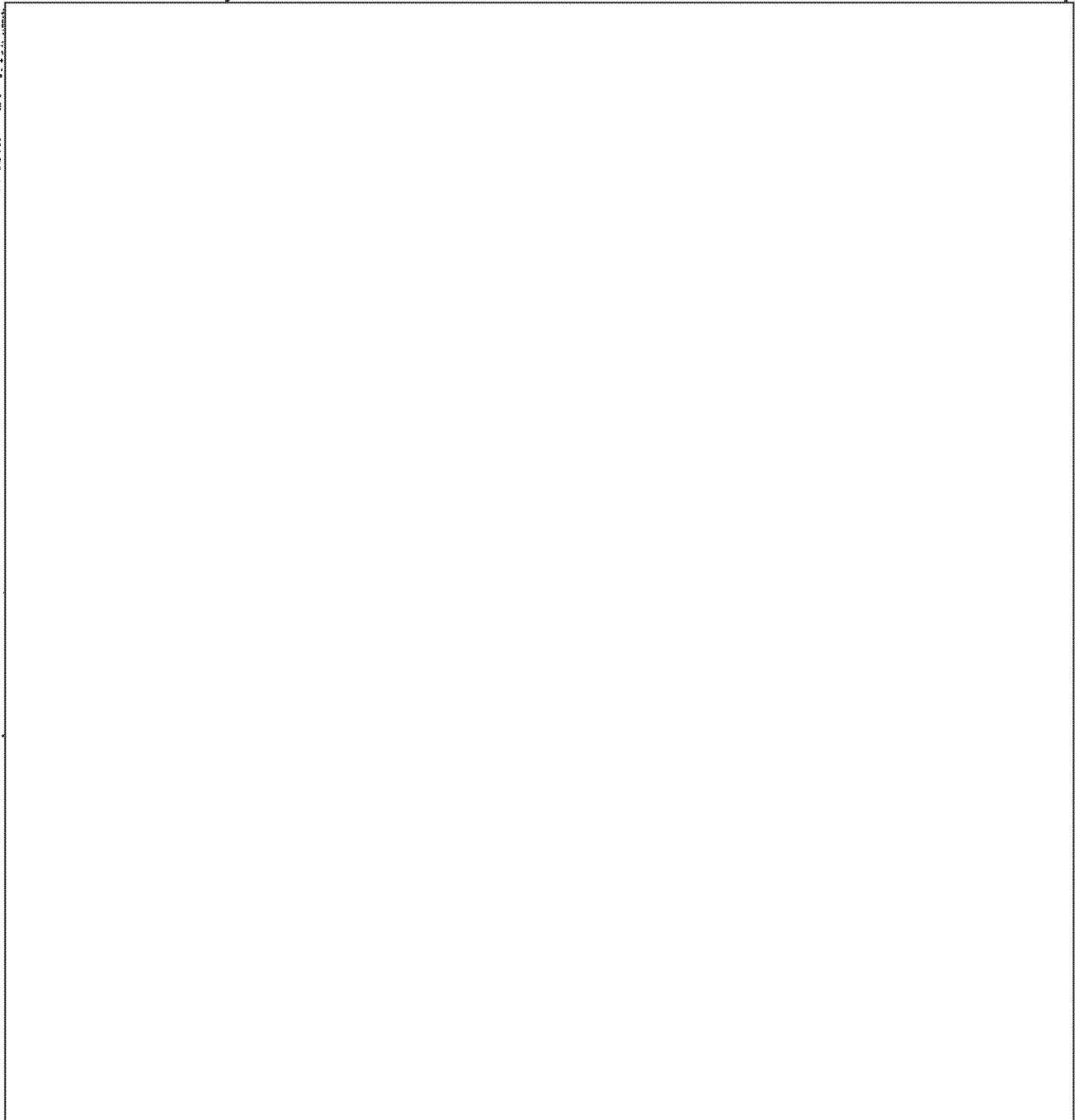
JAN 1968

Date

SECRET

[redacted]

CONFIDENTIAL



CONFIDENTIAL

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 060389		2 NAME (Last-First-Middle) [Redacted]			
3 NATURE OF PERSONNEL ACTION REASSIGNMENT			4 EFFECTIVE DATE REQUESTED MONTH: 07 DAY: 1 YEAR: 66		5 CATEGORY OR EMPLOYMENT [Redacted]
6 FUNDS V TO V CF TO V		7 COST CENTER NO CHARGE 9125 1162		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DPP/H HW/C OFFICE OF THE CHIEF			10 LOCATION OF OFFICIAL STATION WASH., D.C.		
11 POSITION TITLE OPS OFFICER (D CH) (15) ✓			12 POSITION NUMBER 116		13 CAREER SERVICE DESIGNATION
14 CLASSIFICATION SCHEDULE (G.S., F.R., etc.) GS		15 OCCUPATIONAL SERIES 0126.01 ✓		17 SALARY GR RATE \$ 7,325.00	
16 REMARKS Prom: HW/C, PI Branch, O/C #1148 Replacement for Mr. [Redacted] who is reassigned to PE Div.					
18A SIGNATURE OF REQUESTING OFFICER [Redacted]			DATE SIGNED 21 June 66		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]
DATE SIGNED 24 July 66					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 37 10	20 EMPLOY CODE 5152	21 OFFICE CODING NUMERIC: 10A ALPHABETIC: [Redacted]	22 STATION CODE 75013	23 INTEGRATE CODE	24 HOD/TS CODE
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI	28 SECURITY [Redacted]		
29 INT EMPLOY	30 SPECIAL REFERENCE	31 RESTRICTION DATA	32 SEPARATION DATA CODE	33 CORRECTION CANCELLATION DATA	34 SER
35 PAY PREFERENCE	36 SERV COMP DATA	37 LONG COMP DATA	38 CAREER CATEGORY	39 FEGLI HEALTH INSURANCE	40 YOUR SECURITY NO
41 PREVIOUS GOVERNMENT SERVICE DATA		42 LEAVE CAT	43 FEDERAL ID DATA		44 STATE ID DATA
45 POSITION CONTROL (CONTINUATION)		46 OFF APPROVAL [Redacted]			

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 January 1966

1. SERIAL NUMBER 060389		2. NAME (Last, First, Middle)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE REQUESTED MONTH: 02 DAY: YEAR: 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS	
7. POST CENTER NO. CHARGE 6135-1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C Branch Office of the Chief		10. LOCATION OF OFFICIAL STATION Washington, D.C.	
11. POSITION TITLE OPS. OFF. (CH) (D)		12. POSITION NUMBER 1148	
13. CAREER SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS (15)	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 (4)	
17. SALARY OR RATE \$18,825		18. REMARKS	

From DDP/WE, #0327.
Vice John H. SHERWOOD, pending reassignment to DDP/FE, South Vietnam.

CONCURRENCE: Chief, W&P Personnel

Recorded By
CSRP
SMP

1 by Security

DATE SIGNED 18 Jan 66	SIGNATURE OF CAREER SERVICE APPROVER	DATE SIGNED 21/66
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRITY CODE	24. MONTY CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28. BIE EXPRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA	33. SECURITY BLD NO	34. SEA	EOD DATA	
35. YET PREFERABLE	36. SEPT COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. FECAI HEALTH INSURANCE	40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE CAT	43. SEVERAL TAX DATA	44. STATE TAX DATA					

APPROVAL: [Signature] 1-25-66

SECRET

SECRET

Chief of Station

Director of Personnel

USLUGAGE -

- Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: Advise Subject

REF: Book Dispatch 5096

1. Subject has been found to be qualified as a participant in the Organization Retirement and Disability System and has been so designated effective 24 October 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, subject should be notified promptly of his designation and of his right to appeal. Any questions he may have should be answered in accordance with information contained in Book Dispatch 5096 or referred to Headquarters. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed.

3. We believe that the benefits of the Organization retirement system are superior to the benefits of the Civil Service retirement system. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, subject should not anticipate this contingency as a factor in deciding whether he regards his designation as a participant adverse to his best interests.

QBS - 2591

1 Dec. 65

1 DEC 1965

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 Oct. 1965

1 SERIAL NUMBER 060389	2 NAME (Last-First-Middle) [Redacted]
---------------------------	--

3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM	4 EFFECTIVE DATE REQUESTED MONTH: 10 DAY: 24 YEAR: 65	5 CATEGORY OF EMPLOYMENT REGULAR
--	--	-------------------------------------

6 FUNDS V TO V CF TO V XX CF TO CF	7 LEAVE CENTER NO. CHARGE ABLE 6136-1347	8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203
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9 ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD [Redacted] STATION OFFICE OF THE CHIEF	10 LOCATION OF OFFICIAL STATION [Redacted]
---	---

11 POSITION TITLE OPS OFF (DCOS)	12 POSITION NUMBER 0097	13 CAREER SERVICE DESIGNATION D
-------------------------------------	----------------------------	------------------------------------

14 CLASSIFICATION SCHEDULE (G, F, B, etc.) G3	15 OCCUPATIONAL SERIES 0136.01	16 GRADE AND STEP 15 4	17 SALARY OR RATE \$18,170
--	-----------------------------------	---------------------------	-------------------------------

18 REMARKS
EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

1 cc to OP/RSD/RB
1 cc to CCS
1 cc to Finance through CCS

18A. SIGNATURE OF REQUESTING OFFICIAL [Redacted]	DATE SIGNED 3 OCT 1965	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]	DATE SIGNED
---	---------------------------	--	-------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 28	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC: 5264 ALPHABETIC: [Redacted]	22 STATION CODE 62034	23 INTEGREE CODE	24 INDUSTRY CODE 3	25 DATE OF BIRTH MO: 09 DA: 16 YR: 62	26 DATE OF GRADE MO: 09 DA: 12 YR: 65	27 DATE OF LEI
28 WTS EXPIRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-FED 3-NONE	31 SEPARATION DATA CODE	32 CORRECTION (CANCELLATION DATA)	33 SECURITY RIG NO	34 SER	EOD DATA →	
35 VET PREFERENCE	36 SERV COMP DATE	37 LONG COMP DATE	38 CAREER CATEGORY	39 LEGAL HEALTH INSURANCE	40 SOCIAL SECURITY NO			
41 PREVIOUS GOVERNMENT SERVICE DATA			42 LEAVE CAT CODE	43 PAYROLL EXECUTED	44 FEDERAL TAX DATA		45 STATE TAX DATA	

46 POSITION CONTROL CENTER ACTION 10-14765	48 OP APPROVAL [Redacted]	DATE APPROVED 14 OCT 65
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FORM 1152 USE PREVIOUS EDITIONS

SECRET

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UNIT _____ TIME _____ BY _____

INFO
 FILE VR OP 3 LCG 4

S E C R E T 031135Z

DIR CITE [] 6406

3 DEC 65 IN 07186

ADMIN PERS

[] HAS RECEIVED WIROM 624 RE RESIGNATION MR. []
 [] AND SHIPMENT HHE TO JACKSONVILLE FLORIDA. []
 AND WIFE SAILED 1 DECEMBER AND ARRIVE NEW YORK 9 DECEMBER.
 PRESUME HE WILL REPORT HQS 13 DEC. [] MAY NOT SHIP HHE
 UNTIL FULL SHIPPING ADDRESS SUPPLIED. FYI EMPLOYEE DID NOT
 SUEMIT RESIGNATION TO [] PRIOR DEPARTURE []
 IS REQUESTING SHIPPING ADDRESS INFO FROM [] BY []

S E C R E T

CFN; 6406 WIROM 624 MR [] HHE JACKSONVILLE FLORIDA

1 NEW YORK 9 HQS 13 NOT SHIP HHE FYI NOT SUBMIT []

BT

SECRET

DEC 1 7 11 PM '65

SECRET

29 JUL 1955

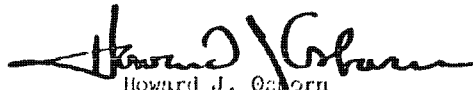
MEMORANDUM FOR: Director of Personnel

SUBJECT :

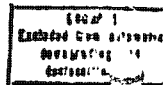
[REDACTED]

1. Attached are the papers pertaining to the request of Mr. [REDACTED] to remain with the Agency following his marriage to Miss [REDACTED] a Cuban citizen residing in [REDACTED]

2. [REDACTED]


Howard J. Casper
Director of Security

SECRET



SECRET
EYES ONLY

1015-5480

65-44056

26 JUL 1965

MEMORANDUM FOR: Deputy Director for Central Intelligence

THROUGH : Director of Personnel

SUBJECT : Request of [redacted] GS-15, to
Remain in the Employment of CIA Following
Marriage to an Alien

1. This memorandum submits a recommendation for your approval: this recommendation is contained in paragraph 7.

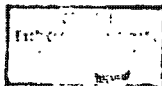
2. Mr. [redacted] a GS-15 Operations Officer, has requested permission to remain in the employ of CIA as a Staff Employee following his marriage to Miss [redacted] a 26 year old Cuban citizen living in [redacted]. The marriage is scheduled to take place in October 1965.

3. Mr. [redacted] 50 years old, attended Loyola University in 1947-48 and Berlitz School of Languages in 1948. Prior to joining CIA, Mr. [redacted] served with the U.S. Army (1942-49) achieving the rank of 1st Lieutenant in CIC. Subsequently, he was Chief, Civil Intelligence Branch in the Panama Canal Government (1949-52). Mr. Williamson entered on duty with CIA in June 1952 as a GS-12 Operations Officer with WH Division. In January 1953 he was appointed DCCOB, Havana, remaining in this position until January 1959 when he was reassigned to Headquarters. In August 1960 Mr. Williamson was assigned to [redacted] and in 1963 was appointed DCOS, [redacted] which is the position he presently occupies.

4. [redacted]

5. Chief, WE Division strongly believes on the basis of past performance and proven ability that Mr. [redacted] is the kind of officer whom the Agency should retain. Mr. [redacted] record to date shows that he is a mature, experienced, and dedicated officer,

SECRET
EYES ONLY

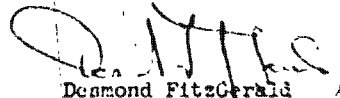


SECRET
EYES ONLY

who has spared no effort to expand and improve the [] coverage in his area of assignment. WE Division and WH Division, where Mr. [] will be reassigned, foresee no difficulty, adverse effect in future usefulness or mobility as a result of this marriage.


6. I have reviewed Mr. [] employment record and consider him an able and valuable member of the Clandestine Services. He has consistently performed his duties well, has strong to outstanding Fitness Reports, and is a definite asset to the Agency. I believe that the proposed marriage will not detract from his long term use by the Clandestine Services.

7. In view of the above consideration, I recommend that Mr. [] be continued in Staff Employment Status following his proposed marriage.


Desmond FitzGerald
Deputy Director for Plans

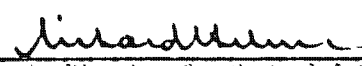
Attachments

Concur:


Emmett D. Echols
Director of Personnel

2 AUG 65
Date

The recommendation contained in paragraph 7 is approved:


Deputy Director for Central Intelligence

8 AUG 1965
Date

SECRET
EYES ONLY

SECRET

16 JUL 1965

MEMORANDUM FOR: Chairman, Personnel Management Committee

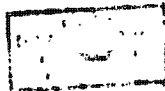
SUBJECT : Request of Mr. [] GS-15,
to Remain in Staff Status Following
Marriage to an Alien

1. Attached is a request from Mr. [] for permission to continue in a staff status with the Agency following marriage to a Cuban citizen. WE Division strongly recommends favorable consideration.

2. Mr. Williamson is a fifty year old officer who entered on duty with the Agency in 1952. He has been assigned to the [] Station since October 1960 where he has served as the Deputy Chief of Station and since May 1964 as the [] Coordinator for Cuban Activities. Since his assignment to the [] Station, Mr. [] performance has been outstanding. He is a mature, experienced, and well-rounded officer who is particularly well-suited for Agency employment. In every sense of the word, Mr. [] is a dedicated officer who has spared no effort to expand and improve the [] coverage in his area of assignment.

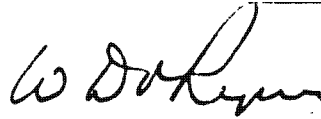
3. WE Division concurs with the Chief of Station, [] who has stated that he does not believe that Mr. [] marriage will adversely affect in any way his future usefulness or mobility of assignment in the Agency. Mr. [] plans to proceed with the marriage in October 1965 shortly prior to his return for reassignment to WH Division. Informal discussion with WH Division has indicated that they foresee no difficulty with their plans for Mr. [] were he to marry this alien as planned. Mr. [] is [] in the [] and will be required to submit a similar request after Agency decision is received if he retains his [] in his next assignment.

SECRET



SECRET

4. WE Division strongly believes that on the basis of his past performance and proven capability, Mr. [] is the kind of officer whom the Agency should retain. We therefore, recommend that you favorably endorse his request and forward it to the Deputy Director of Central Intelligence for consideration.

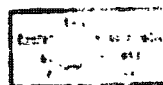


William D. O'Ryan
Chief
Western Europe Division

ATTACHMENTS:

- A. Employee's Request to Marry
- B. Letter of Resignation
- C. RYBAT Attachment to OSMT-4211
- D. Proposed Spouse's Intent to Become a Citizen
- E. Proposed Spouse's Biographic Data

SECRET



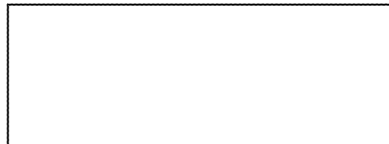
14-00000

SUBJECT: Request for permission to marry Miss
a Cuban citizen.

In compliance with FR-20-5b(1), the writer hereby requests permission to marry Miss a Cuban citizen, and permission to remain in the employ of the Organization after marriage.

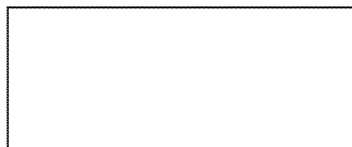
The following attachments are forwarded with this request:

- (a) Completed Form lhh
- (b) Certificate of Miss of intent to become a United States citizen.
- (c) One passport size photograph.
- (d) Letter of resignation.



10 June 1965

In compliance with FR-20-5 para. b(1), the writer hereby recites his intent to marry Miss a Cuban citizen, with the understanding that the Organization may not permit me to remain employed after marriage. Therefore this letter can be considered as a resignation notice, said resignation to become effective not later than 15 days after the date of marriage, if permission is not obtained and the marriage occurs.



10 June 1965

TO WHOM IT MAY CONCERN:

This is to certify that as soon as possible after my
marriage to I intend to become a citizen
of the United States.



SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 12 AUGUST 1963	
1. SERIAL NUMBER 060389		2. NAME (Last-First-Middle)			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 10 16 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS		V TO V	V TO CF	7. COST CENTER NO. CHARGE-ABLE 4136-G400-1017	8. LEGAL AUTHORITY (Completed by Office of Personnel)
CF TO V		CC	CF TO CF		
9. ORGANIZATIONAL DESIGNATIONS DDP WE STATION OFFICE OF THE CHIEF			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE OPS OFFICER - DCOS			12. POSITION NUMBER 0897	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) JS		15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 15	17. SA 15,045	
REMARKS FROM: STATION/0400 (miss)					
RECORDED BY CSPD JM					
18. DATE SIGNED		189. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
AC/WE/PT				20/6/63	
SIGN BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMERIC ALPHABETIC		22. STAFF LN CODE	23. INTER-AREA CODE
37	10	5060/WE		67033	3
24. RATE EXP. RES		25. SPECIAL REFERENCE		26. CORRECTION/CONCILIATION DATA	
				FOD DATA	
29. REL. PREFERENCE		30. SERV. COMP. DATE		31. CAREER CATEGORY	
				32. FEEDBACK/HEALTH INSURANCE	
34. PREVIOUS ASSIGNMENT SERVICE DATA		35. FEDERAL TAX DATA		36. STATE TAX DATA	
48. POSITION CONTROL CERTIFICATION			49. O.P. APPROVAL		DATE APPROVED
702/.../10/63					30/1/63

SECRET


CD/P 3-3632

MEMORANDUM FOR: Deputy Director (Plans)

SUBJECT : Appointment of Mr. [redacted] as
Deputy Chief of Station, [redacted]


1. The appointment of Mr. [redacted] as Deputy Chief of Station, [redacted] effective on or about 25 October 1963, is recommended. Mr. [redacted] will occupy a new position.

2. Mr. [redacted] has been an employee of the Agency since June 1952, and is presently assigned as Operations Officer, GS-15. A biographic data sheet, including information regarding his Agency experience and training, is attached.


WILLIAM D. O'RYAN
Chief
Western Europe Division

1 Attachment:
Biographic Profile (Part 1)

The recommendation in paragraph 1 is APPROVED:


Deputy Director (Plans)

4 - NOV 1963
(Date)

SECRET

SECRET

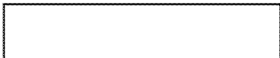
13 March 1963

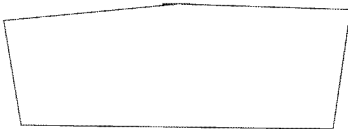
MEMORANDUM FOR THE RECORD

SUBJECT: Salary Adjustments Upon Promotion

1. The following C/S Officer was promoted effective 16 September 1962, shortly before the effective date of the Salary Reform Act of 1962. Had the promotion been processed as of the effective date of the Act, 16 October 1962, he would have received substantial additional salary benefits as indicated below.

2. The purpose of this memorandum is to record the salary disadvantage which may continue to apply to this officer in comparison to those now junior in rank but who may accrue a salary advantage over such senior officers upon promotion through the operation of this Act.

<u>Name</u>	<u>Salary Upon Promotion</u>	<u>Salary If Promoted on 16 October 1962</u>
	\$13730 - \$14565	\$15045


Secretary, Clandestine Services
Career Service Board

SECRET

SECRET

20 August 1962

MEMORANDUM FOR: Clandestine Services Career Service Section A

SUBJECT: Recommendation for Promotion - Mr. [redacted]

1. Since October 1960, Mr. [redacted] has served as Deputy Chief of the [redacted] Station, and during an extended period of this time, he was Acting Chief of Station. His performance has been outstanding. Not only has he assisted his Chief in the management of the Station, but simultaneously managed to reinvigorate [redacted] which was the particular area of responsibility originally assigned to him. His service has been noteworthy not only for his vigor in initiating new activities but also for his balanced, yet energetic, cutting away of deadwood, useless procedures and purposeless activity.

2. In recent months, in part on his own initiative, and later under forced draft at Headquarters direction, Mr. [redacted] has been instrumental in mounting an active operational program targeted against [redacted]. Due almost entirely to the imagination, energy, and effort which he has applied, this program has already had considerable success in the acquisition of intelligence and the recruitment of agents, and promises to be even more productive in the future.

3. Mr. [redacted] activity since his assignment to [redacted] is clearly of outstanding caliber and it is noteworthy that the present Chief of Station as well as the preceding Chief of Station have both, on the record, rated him as exceptionally able, energetic, and mature. Mr. [redacted] has been in his current grade since December 1956. In view of the considered judgment concerning the value of his performance in [redacted] his good administrative qualities, his obvious maturity, energy, judgment and experience, it is strongly recommended that Mr. [redacted] be promoted to grade GS-15.

William D. O'Ryan
WILLIAM D. O'RYAN
Acting Chief
Western Europe Division

GROUP 1

Excluded from automatic
downgrading and declassification SECRET

DISPATCH

CLASSIFICATION
SECRET

DATE - 26/3

TO: Chief, E

HEADQUARTERS FILE NO.

FROM: Chief of Station, [redacted]

19 January 1962

SUBJECT: Administrative/Personnel
Recommendation for Promotion - [redacted]

PL 1251 - CHECK BY ONE

MARKED FOR INDEXING

NO INDEXING REQUIRED

ACTION REQUIRED:
see below

INDEXING CAN BE DEFERRED
BY GUARDED HQ DESK ONLY

REFERENCE:

1. Subject is a mature, experienced, well-rounded operations officer and administrator. For the past fifteen months he held the position of Deputy Chief of the [redacted] Station. For an extended period of time during that period he has acted as Chief of Station. As the attached Fitness Report will attest he has at all times discharged his responsibilities in an outstanding manner. In addition to the approximately four months that I have been able to observe subject's performance at this post, I also had the privilege of serving with him at Beirut and I was then, as I am now, impressed with his professional competence and his fine personal attributes. In every sense of the word, subject is a dedicated officer who works "around the clock" in his efforts to expand and improve ~~operations~~ coverage in this area.

2. Considerable credit is due to subject for the improvement of our relations with the [redacted] during the past three months. He has spent a considerable amount of time and effort in bringing about needed reforms and economies in the operation of our [redacted] cutting away deadwood and streamlining the actual operations. In addition, subject has been particularly effective in [redacted]

3. The attached Fitness Report speaks for itself. Subject has been in his current grade since December 1956. Given his age, his experience and maturity, and his consistently fine performance in his current position, I strongly urge that he be actively considered for promotion to GS-15 at the next appropriate time.

19 January 1962

Michael J. Fitts - Report (1)

Attachment

DISPATCH

SECRET

OSHT-2212

TO Chief, WB

FROM Chief of Station, [redacted] RIF

10 May 1961

SUBJECT Administrative/Personnel Recommendation for Promotion of [redacted]

REMARKS (CHECK ONE):
MARKED FOR INDEXING
NO INDEXING REQUIRED
INDEXING CAN BE DEFERRED BY QUALIFIED PERSONNEL ONLY

ACTION REQUIRED See para 2 below

REFERENCE OSHT-2208, 5 May 61

1. As reflected in his most recent Fitness Report, Subject, who has been serving as Deputy Chief of Station and Chief of [redacted] at this Station, has demonstrated outstanding talents in management of personnel and their activities, developing [redacted] in operations both joint and independent. Because of my confidence in him, which is apparently shared by Headquarters, he is being retained here for a long period as Acting Chief of Station after my departure. As I have said in his Fitness Report, he is the best deputy I have had in my [redacted] career and altogether an outstanding officer.
CIA

2. Subject has been in grade four and a half years as a GS-14 and because of his outstanding qualifications, I recommend he be immediately considered for promotion to GS-15.

ARCHIBALD ROOSEVELT

[redacted signature block]

5 May 1961

Distribution:
3 - C/WB

SECRET

F1 file

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT: [redacted]
Recommendation for Promotion

1. Mr. [redacted] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely sensitive [redacted] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [redacted] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.

2. The promotion of Mr. [redacted] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. KING
Chief, WH

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 12 September 1962		
1. SERIAL NUMBER 060389 ✓		2. NAME (Last-First-Middle) [Redacted]						
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 16 62		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS [Redacted]		7. V TO V [Redacted]		7. COST CENTER NO. CHARGEABLE 3136-6400-1017		8. LEGAL AUTHORITY (Completed by Office of Personnel)		
9. ORGANIZATIONAL DESIGNATIONS DDP WE [Redacted] STATION BRANCH		10. LOCATION OF OFFICIAL STATION [Redacted]						
11. POSITION TITLE OPS OFF-D BR-CH OPS OFFICER				12. POSITION NUMBER 400		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS, LD, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 1		17. SALARY OR RATE 13,730		
18. REMARKS PRA in accordance with HR 20-21c.(1) in order to complete two year tour of duty.								
[Redacted] DATE SIGNED				18a. SIGNATURE OF CAREER SERVICE APPROVING [Redacted]			DATE SIGNED 4 SEP 1962	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL.								
19. OFFICE CODE 22	20. EMPLOY. CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 6266 WE		22. STATION CODE 67033	23. INT'L. CODE 3	24. DATE OF BIRTH MO DA YR	25. DATE OF GRAD MO DA YR	27. DATE OF LEV MO DA YR
28. BIRTH DATE MO DA YR		29. SPEC. B. RESIDENCE 150	30. RETIREMENT DATA 1 - CSC 3 - FICA 4 - OTHER	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	33. SECURITY REG. NO.		34. SER
35. INT. PREFERENCE CODE 0 = NONE 1 = 5 PT 2 = 10 PT		36. SERV. COMP. DATE MO DA YR	37. 17702 COMP. DATE MO DA YR	38. CAREER CATEGORY CAREER PROB-TEMP	39. REG. / HEALTH INSURANCE TYPE 0 = NONE 1 = YES	40. SOCIAL SECURITY NO.		
41. PREVIOUS EMPLOYMENT SERVICE DATA CODE 1 = NO PREVIOUS SERVICE 2 = NO BREAK IN SERVICE 3 = BREAK IN SERVICE (LESS THAN 90 DAYS) 4 = BREAK IN SERVICE (MORE THAN 90 DAYS)			42. MILITARY SER. CODE #	43. FEDERAL TAX DATA FORM RECEIVED CODE 1 = YES 2 = NO	44. STATE TAX DATA FORM RECEIVED CODE 1 = YES 2 = NO	45. STATE TAX DATA FORM RECEIVED CODE 1 = YES 2 = NO		
46. POSITION CONTROL CERTIFICATION [Redacted]					48. O.P. APPROVAL [Redacted]		DATE APPROVED 4 SEP 1962	

Recorded by
CSPD
[Signature]

CONFIDENTIAL

MEMORANDUM FOR: Chief, Records & Services Division
Office of Personnel

SUBJECT [redacted] Promotion of
[redacted]

1. The [redacted] has informed this office that effective
April 1, 1962 subject employee was promoted from

[redacted] \$10,555 to [redacted] \$10,645

2. Request this notice be placed in the official folder
of the employee concerned.

[redacted]
Chief, Central Cover Group

cc: Operating Component Compensation
and Tax Accounts Branch

CONFIDENTIAL

SECRET
(When Filled In)

V to V		V to UV		REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
UV to V		UV to UV						Mo	Da	Yr	
		X						4	11	60	
1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth		4. Vet. Pref.		5. Sex	6. CS - EOD	
560389					Mo Da Yr		None-0 Code 5 Pr-1 10 Pr-2 1		M	Mo Da Yr	
7. SCD		8. CSC Perm.		9. CSC Or Other Legal Authority		10. Apmt. Affidav.		11. FEGLI		12. LCD	
Mo Da Yr		Yes - 1 Code No - 2 1				Mo Da Yr		Yes - 1 Code No - 2		Mo Da Yr	

CURRENT ASSIGNMENT

14. Organizational Designations		Code		15. Location Of Official Station			Station Code			
DDP CI STAFF				Washington, D. C.						
16. Dept. Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept. - Code Valid - Fran -		IO CI BR CH			0211		GB	0136.53		
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 3		\$ 2595/1835		DX	Mo Da Yr 12/14/56		Mo Da Yr 06/11/61		9 2700 07 001	

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee			Code	30. Separation Date	
REASSIGNMENT		67	Mo Da Yr 05/15/60		Regular					

PROPOSED ASSIGNMENT

31. Organizational Designations		Code		32. Location Of Official Station			Station Code			
DDP WE BRANCH FI, PP, PR				Auth. Officer Washington, D. C.						
33. Dept. Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept. - Code Valid - Fran -		OPE OFF D BR CH			179		GB	0136.01		
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 3		\$ 11825			Mo Da Yr		Mo Da Yr		0136-1000-1000	

SOURCE OF REQUEST

A. Requested By (Name And Title)		C. Request Approved By (Signature And Title)			Date Approved	
WE PERSONNEL OFFICER						
B. For Address, Telephone No. (Name & Telephone Ext.)						
x3124						

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Signature]	[Date]	D. Placement	[Signature]	[Date]
B. Pos. Control	[Signature]	[Date]	E. Release	[Signature]	[Date]
C. Classification	[Signature]	[Date]	F. Approved By	[Signature]	[Date]
Remarks CI removed					

30 June 1959

Dear Mr. [redacted]

It gives me great pleasure to accept an appointment to
the [redacted] I understand that this
appointment will be granted in accordance with the conditions as out-
lined in your letter of May 27, 1959.

Sincerely yours,

[redacted]
Chief, Personnel Operations Division
[redacted]

30 June 1959

Dear Mr. [redacted]

I hereby tender my resignation from the [redacted]

[redacted] to accept an appointment as [redacted]

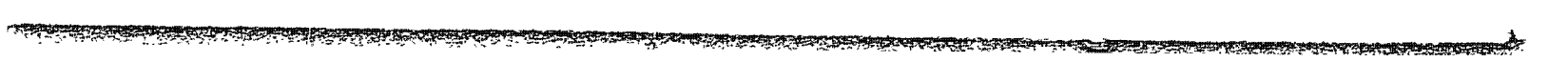
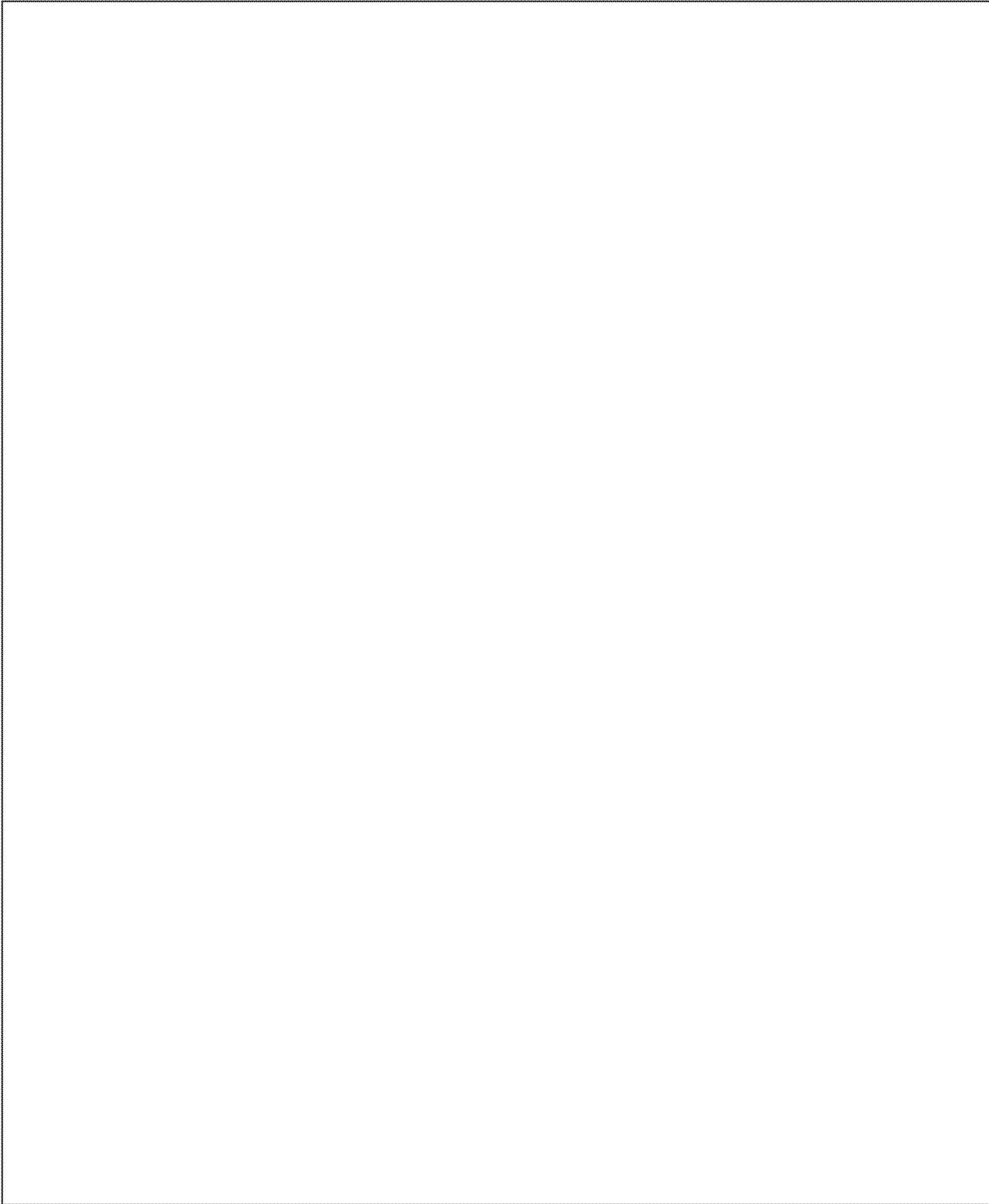
[redacted] This resignation is tendered pursuant to
the conditions contained in your letter of May 27, 1959, in which
it is stated that my resignation from the [redacted]

[redacted] will be affected without a break in service.

Sincerely yours,

[redacted]
Chief, Personnel Operations Division

[redacted]



SECRET
(When Filled In)

V to V		V to UV		REQUEST FOR PERSONNEL ACTION				DATE PREPARED						
UV to V		X UV to UV						Mo	Da	Yr				
1. Serial No. 50099		2. Name (Last-First-Middle)			3. Date Of Birth Mo Da Yr		4. Vet. Pref. None-0 5 Pt-1 10 Pt-2		5. Sex N		6. CS - EGO Mo Da Yr			
7. SCU Mo Da Yr		8. CSC Rating Yes - 1 No - 2 Code		9. CSC Or Other Legal Authority			10. Appt Affidav Mo Da Yr		11. FLGLI Yes - 1 No - 2 Code		12. LCD Mo Da Yr		13. Yes - 1 No - 2 Code	

CURRENT ASSIGNMENT

14. Organizational Designations DDP/WH Branch II Section				Code		15. Location Of Official Station Washington, D.C.				Station Code		
16. Dept. Field Dept - Valid - Frgn -		17. Position Title Code Area Ops Off DCOG		18. Position No. 458		19. Serv. GS		20. Occup. Series 0136.01				
21. Grade & Step 14 2		22. Salary Or Rate \$11595		23. SD DI		24. Date Of Grade Mo Da Yr		25. PSI Due Mo Da Yr		26. Appropriation Number 9 3500 10 200		

ACTION

27. Nature Of Action Reassignment		Code		28. EH. Date Mo Da Yr 3 9 59		29. Type Of Employee Regular				Code		30. Separation Data	
--------------------------------------	--	------	--	------------------------------------	--	---------------------------------	--	--	--	------	--	---------------------	--

PROPOSED ASSIGNMENT

31. Organizational Designations DDP/CI Staff				Code 543		32. Location Of Official Station Washington, D.C.				Station Code		
33. Dept. Field Dept - Valid - Frgn -		34. Position Title Code IO CI BR CH		35. Position No. 211		36. Serv. GS		37. Occup. Series 0136.03				
38. Grade & Step 14 2		39. Salary Or Rate \$ 11595		40. SD DI		41. Date Of Grade Mo Da Yr 3 11 59		42. PSI Due Mo Da Yr 12 31 59		43. Appropriation Number 9-2700-17-001		

SOURCE OF REQUEST

A. Report		C. Request Approved By (Signature And Title)				Date Approved	
B. For Additional Information Call (Name & Telephone Ext.) 0537				DDP/CI STAFF			

CLEARANCES

Clearance		Date		Clearance		Signature		Date	
A. Career Board		2/25/59		Placement					
B. Post Control				Release					
C. Classification				Approved By					
WH concurrence Three copies have been sent to (Security) 207159 Continued on reverse side									

SECRET

SECRET

SECRET

Classify According To Content

REQUEST FOR PERSONNEL ACTION VV

1. Serial No. 520389		2. Name (Last-First-Middle)			3. Date Of Birth Mo Da Yr			4. Vet. Frat. None-0 Code 5. Pr-1 10. Pr-2		5. Sex M-1		6. CS - EOD Mo Da Yr 6 26 52			
7. SCD Mo Da Yr 11 26 42		8. CSC Rating Yes-1 No-2 1		9. CSC Or Other Legal Authority			10. Apmt. Affidav. Mo Da Yr			11. FEGLI Yes-1 No-2		12. LCU Mo Da Yr 6 26 52		13. G-1 Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH Branch III Havana, Cuba Station		Code		15. Location Of Official Station Havana, Cuba			Station Code				
16. Dept.- Field Dept. - Valid- Frag- x 5		17. Position Title Area Ops Off (2005)			18. Position No. BAF-115		19. Serv. 68		20. Occup. Series 0136.01		
21. Grade & Step 14 - 2		22. Salary Or Rate \$ 11,595		23. SD DI-		24. Date Of Grade Mo Da Yr		25. P-1 Due Mo Da Yr		26. Appropriation Number 9-3545-55-055	

ACTION

27. Nature Of Action REASSIGNMENT		Code		28. Eff. Date Mo Da Yr 6 10 19 52		29. Type Of Employee Regular		Code		30. Separation Data 9/11	
--------------------------------------	--	------	--	---	--	---------------------------------	--	------	--	-----------------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDP WH Branch II Section		Code 4275		32. Location Of Official Station Washington, D. C.			Station Code				
33. Dept.- Field Dept. - Valid- Frag- 1		34. Position Title			35. Position No. BA-458		36. Serv.		37. Occup. Series		
38. Grade & Step 14 - 2		39. Salary Or Rate \$ 11,595		40. SD		41. Date Of Grade Mo Da Yr 2 16 52		42. P-1 Due Mo Da Yr 2 13 52		43. Appropriation Number 9-3500-10-200	

SOURCE OF REQUEST

A. Requested By (Name And Title) [Signature] / PERSONNEL		C. Request Approved By (Signature And Title) [Signature]	
B. For Additional Information Call (Name & Telephone Ext.) X 8212			

CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Signature]		D. Prerogative		
B. Pass Control			E.		
C. Classification			F. Approved By	[Signature]	

Remarks
2 copies Security
vices: [Redacted]

FORM 1152a

SECRET

SECRET

STANDARD FORM 52 PROVIDED BY THE U. S. GOVERNMENT PRINTING OFFICE FOR THE FEDERAL PERSONNEL MANAGEMENT SERVICE		UNVOUCHERED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss - Mrs - One given name, initials, and surname) Mr. [Redacted]		2. DATE OF BIRTH [Redacted]	3. REQUEST NO. [Redacted]
4. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Promotion		5. EFFECTIVE DATE A. PROPOSED: 16 Dec	6. DATE OF REQUEST 21 Dec 56
7. POSITION (Specify whether establish, change grade or title, etc.) [Redacted]		8. APPROVED: 16 Dec	9. C. S. OR OTHER LEGAL AUTHORITY
10. FROM Area Ops Off (DCOS) BAF-115 OG-0136.01-13 \$7205.00 p.a. DDP/WH \$730.00 p.a. Branch III Havana, Cuba Station Havana, Cuba		11. POSITION TITLE AND NUMBER Area Ops Off (DCOS) BAF-115 OG-0136.01-14 \$10,320.00 p.a. DDP/WH \$730.00 p.a. Branch III Havana, Cuba Station Havana, Cuba	12. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL (D)
13. REMARKS (Use reverse if necessary) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Approved by CS Career Service Panel JAB 1702-12</div>			
14. REGISTERED BY [Redacted]		15. REQUEST APPROVED BY Signature: _____ Title: _____	
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) [Redacted] X8242		17. VETERAN PREFERENCE NONE <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 60 <input type="checkbox"/> 65 <input type="checkbox"/> 70 <input type="checkbox"/> 75 <input type="checkbox"/> 80 <input type="checkbox"/> 85 <input type="checkbox"/> 90 <input type="checkbox"/> 95 <input type="checkbox"/> 100	
18. SEX M <input checked="" type="checkbox"/> W <input type="checkbox"/>		19. SUBJECT TO C. S. RETIREMENT ACT (YES - NO) Yes	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
21. APPROPRIATION FROM 7-3545-55-055 TO Same		22. STANDARD FORM 50 REMARKS	
23. CLEARANCE A. _____ B. CEE OR PFC CONTROL C. CLASSIFICATION D. PLACEMENT ON LIST		INITIAL OF SIGNATURE [Redacted]	DATE 17 Dec 56
[Redacted]		[Redacted]	

17 Dec 56

SECRET

SECRET

STANDARD FORM 52 12-10-50 (REV. 5-1-54) U. S. GOVERNMENT PRINTING OFFICE WASHINGTON, D. C. 20540 GSA GEN. REG. NO. 27 MAY 1962 EDITION GSA FPMR (41 CFR) 101-11.6		UNVOICED	
REQUEST FOR PERSONNEL ACTION			
REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr - Miss Mrs - One given name, initials, and surname) I.P. []		2. DATE OF BIRTH []	3. REQUEST NO. []
4. NATURE OF ACTION REQUESTED. A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		5. EFFECTIVE DATE A. PROPOSED. []	6. DATE OF REQUEST 7 May 56
7. C. S. OR OTHER LEGAL AUTHORITY []		8. APPROVED: _____	
9. POSITION (Specify whether establish, change grade or title, etc.) []		10. POSITION TITLE AND NUMBER []	
11. FROM - Intelligence Off (FI) BAF-116 GS-0136.51-13 \$9205.00 p.a.		12. TO - Area Ops Off - D COS BAF-115 GS-0136.01-13 \$9205.00 p.a. [] \$7570.00 p.a.) DDP/WH Branch III HAVANA-CUBA STATION Havana, Cuba	
13. SERVICE, GRADE, AND SALARY		14. ORGANIZATIONAL DESIGNATIONS	
15. HEADQUARTERS		16. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
17. REMARKS (Use reverse if necessary) New T/O			
18. REQUESTED BY (Name and title) []		19. REQUEST APPROVED []	
20. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) [] X-4457		Signature: [] Title: []	
21. VETERAN PREFERENCE NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> DEAD <input type="checkbox"/> OTHER <input type="checkbox"/>		22. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> [] CD-DI	
23. 19 SLX <input checked="" type="checkbox"/> 10 W <input type="checkbox"/> 17. APPROPRIATION FROM: 6-3545-55-055 TO: Same		24. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <input type="checkbox"/>	25. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY) <input type="checkbox"/>
26. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: _____			
27. STANDARD FORM 50 REMARKS APPROVED BY FI CAREER SERVICE BOARD DATE: 14 May 56			
28. CLEARANCES		29. INITIAL OR SIGNATURE	30. DATE
A		[]	[]
B CEIL OR POS CONTROL		[]	[]
C CLASSIFICATION		[]	[]
D PLACEMENT OR EMPL.		[]	[]
31. []			

SECRET

25 May 56

CONFIDENTIAL

Date _____

TO : Chief, Placement and Utilization Division/OP
Attn : Mr. [] OC Placement Officer

FROM : Chief, Operations and Training Division/OC

SUBJECT: Communications Training for []

The communications training record for this individual is on file in the [] Branch, Room 2308, I Building. If information is desired concerning this training, please call extension 2977.

W. O. Edwards
WILLIAM O. EDWARDS

CONFIDENTIAL

SECRET

1 December 1954

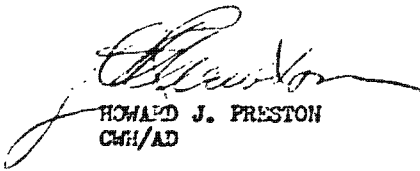
MEMORANDUM FOR: Chief, Central Processing Branch

SUBJECT: Request for Badges -

[redacted] and [redacted]

1. It is requested that building badges of Mr. [redacted] and Mr. [redacted] be given to the bearer, Miss [redacted] Mr. [redacted] and Mr. [redacted] presently stationed at Havana, Cuba, will be at headquarters this coming weekend and it will be necessary that they have their badges in order that they may enter and leave the buildings without an escort.

2. Mr. [redacted] Operations Officer of the Havana desk of WHD, will be responsible for the return of these badges to CPB.


HOWARD J. PRESTON
CWH/AD

Badges returned to [redacted] 1 Dec 54

[redacted]

SECRET

SECRET

4 March 1954

MEMORANDUM FOR: Personnel Officer, FI

SUBJECT: [REDACTED]
Recommendation for Promotion

1. Mr. [REDACTED] has been with the WH Division since June 1952 and at the Havana station since 17 January 1953. With approximately eight months headquarters training he has worked into a position demanding extremely [REDACTED] work. His efforts have been highly successful and are marked by an excellent grasp of the problems involved. Mr. [REDACTED] also acts as Chief of Station during any absence of the Chief. The variety of problems he encounters are met with considerable ability.
2. The promotion of Mr. [REDACTED] to the next higher grade is recommended, in view of the excellent performance of his present responsibilities. He has demonstrated his capacity to perform fully and effectively in a field assignment.

J. C. King
J. C. KING
Chief, WH

SECRET

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ind*

SECRET
Security Information

OCT 18 1952

MEMORANDUM FOR: [redacted]

SUBJECT: [redacted]

Request for Appointment

REFERENCE: [redacted]

Memorandum of 23 November 1951,
Subject, Representation [redacted]
Missions

1. It is requested that Mr. [redacted] GS-12,
\$7040, be appointed in the [redacted] with the title of
[redacted] for duty in the [redacted] at
Havana, Cuba. Mr. [redacted] will occupy position number 2
of [redacted]

2. It is requested that subject arrive at his destination
on or about 15 December 1952.

FOR THE DEPUTY DIRECTOR, PLANS

BY MERIC W. [redacted]

- Enclosures:
- a. Application Forms 57 and DSF-34
 - b. Occupational History Supplement
 - c. Proposed Biography

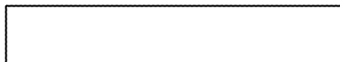
WHD/[redacted]

23 September 1952

- Distributions: Orig & 1 - addressee
- 1 - CFI
 - 1 - WHD (green)
 - 2 - LC

Security Information

Section



OCCUPATIONAL EXPERIENCE: June 1952 to Present - Intelligence
Officer, Central Intelligence Agency
Washington, D. C.

SECRET
Security Information

PROPOSED BIOGRAPHY



Auburn Senior High School grad; Loyola College, 1927-28; buyer with electrical supply co., 1934-1941; U.S. Army, 1941-43, 1st lt., overseas duty; Governor's Staff, Canal Zone Government, 1948 to 1952.

PERSONNEL INFORMATION

Date: 26 September 1952

MEMORANDUM FOR: PERSONNEL BOARD/SO

FROM: ADMIN/SO

SUBJECT: Transfer - [redacted]

Approval is requested for the transfer of subject from

OPS OF., GS-12, \$7040.00 of [redacted] (station)

to OPS OF., GS-12, \$7040.00 of Havana, Cuba (station)

[redacted]

J. Caldwell King
Chief, WH

APPROVED: [redacted]

For the Personnel Board
30 Sept 1952
(initials)

RECEIVED
SEP 27 1952

Office Memorandum • UNITED STATES GOVERNMENT

TO : Personnel Division

DATE: 11 April 1951

FROM : PD (C)

SUBJECT:

The following personnel action has been cancelled:

DESIGNATION

INTERESTED UNIT

[Redacted]
Intelligence Officer

OSO, FDT

Reason: Branch holding until December 1951. Sent to Placement until released.

I&SS
M.R.
Med. Serv.
FDT

File

R

*Info
CR
10/1/51*

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME		DATE	
[Redacted]		15 August 1950	
NATURE OF ACTION		EFFECTIVE DATE	
Appointment			
	FROM	TO	
TITLE		Intelligence Officer (OPS)	
GRADE AND SALARY	GS-11	\$5400.00	
OFFICE		OSO	
DIVISION		FDT	
BRANCH			
OFFICIAL STATION			
QUALIFICATIONS	APPROVAL	EXECUTIVE	
[Redacted]	[Redacted]		
CLASSIFICATION	PERSONNEL OFFICER		
[Redacted]	[Redacted]		
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	
DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON _____			
SECURITY CLEARED ON _____			
OVERSEAS AGREEMENT SIGNED _____			
ENTERED ON DUTY _____			
			SIGNATURE OF AUTHENTICATING OFFICER
			[Signature]
REMARKS:			
S-2 Sec. Init. 14 August 1950. Employee is replacement for [Redacted]			
			130
			[Signature]

SECRET

EMPLOYMENT CHECK SHEET

NAME	INITIATING OFFICE AND DIVISION	ATTENTION

DATE RECEIVED FOR PROCESSING	SECURITY CLEARANCE		CRYPTOGRAPHIC CLEARANCE	
	DATE INITIATED	DATE EFFECTIVE	DATE INITIATED	DATE EFFECTIVE
DATE MEMO REC'D (ADM. INST. 10-2)	DATE 37-1 PREPARED	DATE 37-3 PREPARED	DATE SF89 TO DISPENSARY	

DATE HELD	TAB FOR	REASON HELD
<p>25 Sept.</p> <p>27 Nov.</p> <p>28 Dec.</p>	<p>+4 Nov.</p> <p>12 Dec.</p> <p>1.1. Jan.</p>	<p>25 Sept.</p> <p>No intention to be sent</p> <p>subject is in </p> <p>Check security.</p> <hr/> <p>FDT sent cable to field.</p> <p>Check, in reply</p> <p>so we'll know when July</p> <p>is to report.</p> <p>28 Dec. - July still in Army</p> <p>FDT trying to get release. Check on results.</p>
<p>15 Jan</p>		

SECRET

7 August 1950

MEMORANDUM

TO: Chief, Employees Division
FROM: Chief, Foreign Division T
SUBJECT: [REDACTED]

FDT

1. It is requested that subject be processed at the grade of GS-11 for Slot No. 2, Intelligence Officer Operations, [REDACTED] as a replacement for Mr. [REDACTED]. Mr. [REDACTED] will be transferred to another station in Latin America in the next few months.

2. Although Mr. [REDACTED] is at present a GS-9, he has had a total of approximately 8 years in investigative work with C.I.C., and FDT believes that a rating of GS-11 is thoroughly justified. Since his present salary in the [REDACTED] is \$ 5750 per annum, it is specifically requested that he be processed at the grade of GS-11, \$ 5600 per annum.

[REDACTED]

SECRET

SECRET

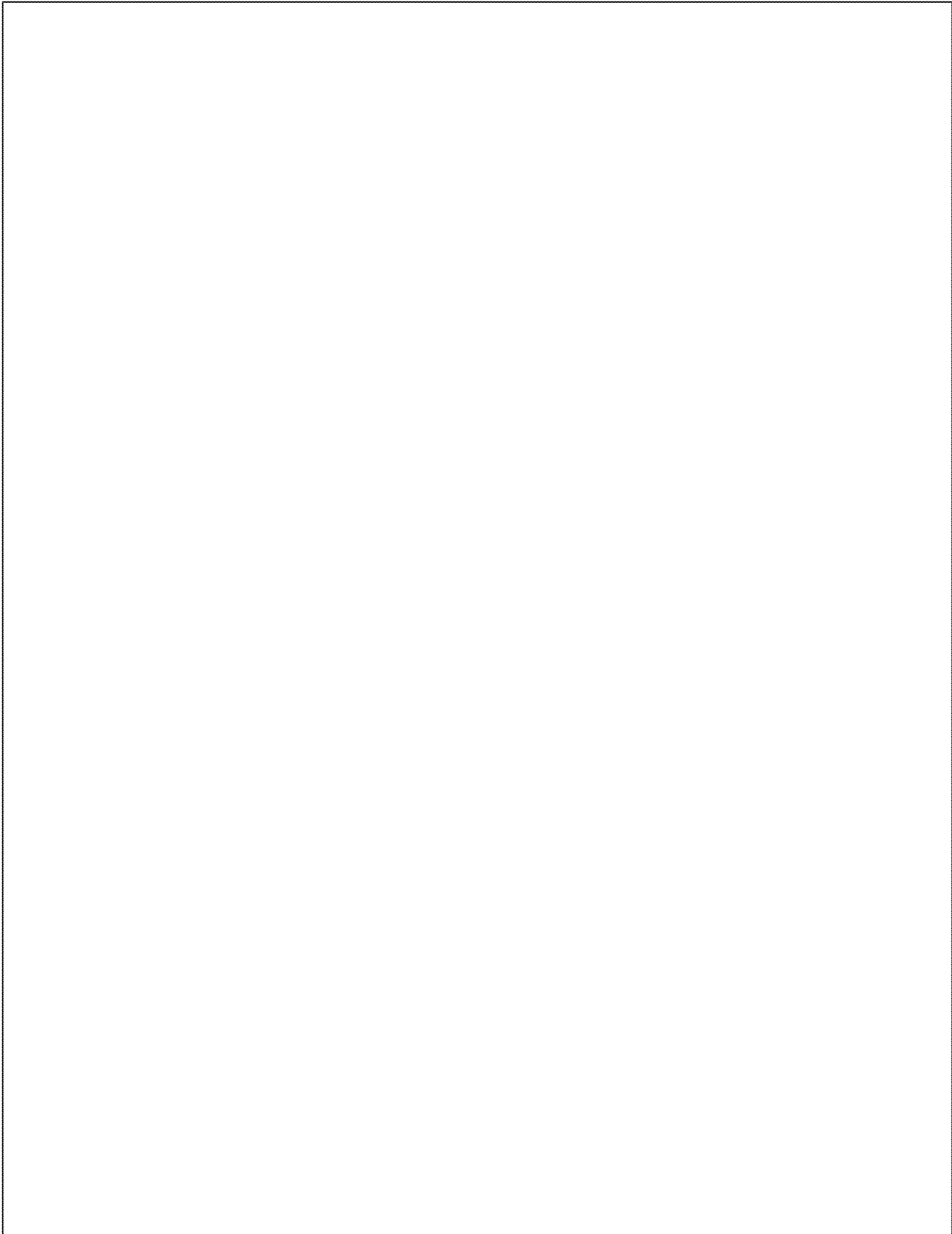
REPRODUCTION MAST

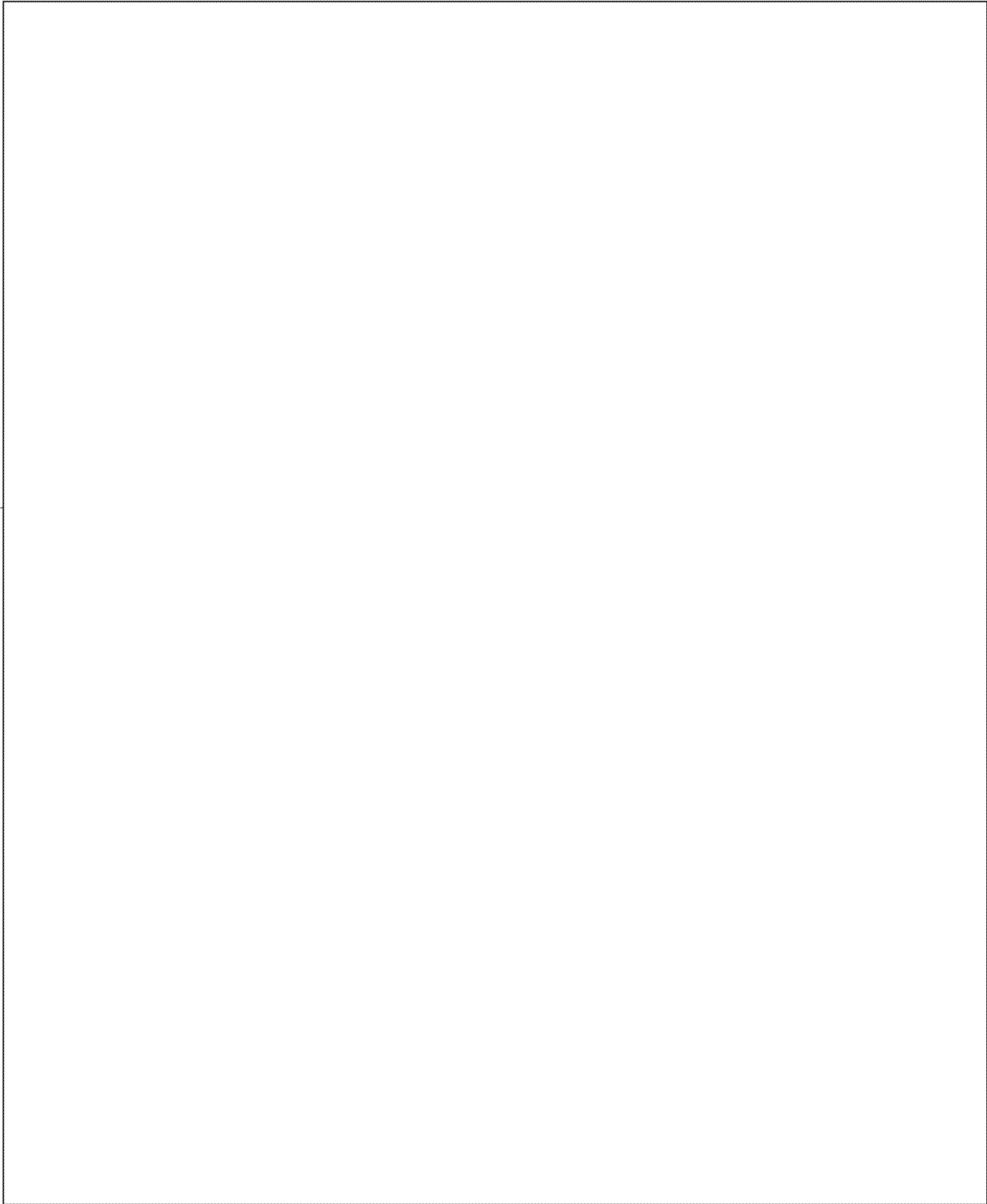
SECRET

BIOGRAPHIC PROFILE

SECRET

H a n d l e W i t h C a r e





SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		14 June 1972	FILE NO. 2432
TO: (Check)	<input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION	SS NUMBER 069-03-9635	
	<input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION	EMPLOYEE NUMBER 060389	
	<input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH	ID CARD NUMBER	
ATTN:	Chief Support Staff	OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF:	Retirement Debriefing		
SUBJECT	[]	UNIT	[]

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS	CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE:
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOD</u>	SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify)	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)
<input checked="" type="checkbox"/> SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	EAA: CATEGORY I CATEGORY II
<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (HNB 20-11)	RETURN ALL OFFICIAL DOCUMENTATION TO CCS
<input checked="" type="checkbox"/> SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (NB 240-24)	SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.
<input checked="" type="checkbox"/> SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (NB 240-24)	DO NOT WRITE IN THIS BLOCK
NA EAA, CATEGORY I CATEGORY II	
NA SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

[]

[]

DISTRIBUTION

REF: 88

[Signature]

CHIEF, OPERATING COMPONENT CONTROL DIVISION

1951

SECRET

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
<input type="text"/>	060989	SI	480	CF GS 15 7	930,701

SECRET
(When Filled In)

DS: 20 JUL 72

Dott

DEF NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER 01339		2 NAME (LAST FIRST MIDDLE) [Redacted]	
3 NATURE OF PERSONNEL ACTION CONVERSION FROM [Redacted] STATUS & RETIREMENT-VOLUNTARY-UNDER CIA RETIREMENT & DISABILITY SYSTEM		4 EFFECTIVE DATE MO COB 06 30 72	5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS V TO V CF TO V X	V TO CF CF TO CF	7 Financial Analysts No (Exemptible) 2135 0620 (X)00	8 CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT 233
9 ORGANIZATIONAL DESIGNATIONS DUP/WH DIVISION BRANCH 6 OFFICE OF THE CHIEF		10 LOCATION OF OFFICIAL STATION WASH., D.C.	
11 POSITION TITLE OPS OFFICER CH		12 POSITION NUMBER 1844	13 SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, IS, etc) GS	15 OCCUPATIONAL SERIES 0135.01	16 GRADE AND STEP 15 7	17 SALARY OR RATE 30701

18 REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

21 OFFICE CODING NUMERIC 10	22 SPECIAL REFERENCE	23 RETIREMENT DATA 1. CODE 2. DATE 3. MONTH	24 HOURS CODE MO DA YR	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 INTO EMPLOY	29 SPECIAL REFERENCE	30 SEPARATION DATA CODE (REXXXX)	31 SEPARATION DATA CODE	32 Correction / Cancellation Data TYPE MO DA YR	33 SECURITY REQ NO	34 SER
35 VET PREFERENCE	36 SERV COMP DATE	37 LEAVE COMP DATE	38 CAREER CATEGORY LAW 255V 250V 250P	39 PRINT HEALTH INSURANCE CODE CODE 0 WA-88 1 255	40 SOCIAL SECURITY NO	
41 FEDERAL GOVERNMENT SERVICE 1. NO. MONTHS SERVICE 2. NO. MONTHS IN SERVICE 3. MONTHS IN SERVICE - LESS THAN 125 4. MONTHS IN SERVICE - MORE THAN 125		42 STATE TAX CODE	43 FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO		44 STATE TAX DATA FORM EXECUTED 1 YES 2 NO	

SIGNATURE OF OTHER AUTHENTICATION

POSTED
6 29 72 *[Signature]*

SECRET MILH

14-00000

113

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP MONTHS			
060389				51 650		CF					
A. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADI		
GS	15	6	\$28,291	09/07/69	GS	15	7	\$29,092	09/05/71		
CERTIFICATION AND AUTHENTICATION											
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.											
SIGNATURE				DATE							
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD											
CLERK'S INITIALS							AUDITED BY				
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)											

DUUU

600

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	060389	51 650	CF	GS 15 6	\$28,291

FVD: 13 OCT 70

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)									
060389											
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT						09 20 70		REGULAR			
6 FUNDS		7 TO V		8 TO CF		9 FROM ANALYSIS NO. CHARGEABLE		10 CSC OR OTHER SPECIAL AUTHORITY			
V TO V		X		CF TO CF		1135 0856 0000		50 USC 403 J			
11 ORGANIZATIONAL DESIGNATIONS						12 LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 2						STATION					
13 POSITION TITLE				14 POSITION NUMBER				15 SERVICE DESIGNATION			
CHIEF OF STATION				0198				D			
16 CLASSIFICATION SCHEDULE GS 13, etc.			17 OCCUPATIONAL SERIES			18 GRADE AND STEP			19 SALARY OF RATE		
GS			0136.05			15 6			26700		
13 REMARKS											
HOME BASE: WH											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODES		22 STATION CODE		23 INDEGREE CODE		24 GRADE CODE	
37		10		51650 WH		16059				3	
25 NTE EXPIRES		26 SPECIAL REFERENCE		27 RETIREMENT DATA		28 SEPARATION DATA CODE		29 CORRECTION/COMPLETION DATA		30 SECURITY REG. TAG	
09 19 72		83								EOD DATA	
31 VET PREFERENCE		32 SERV. COMP. DATE		33 LONG. COMP. DATE		34 CAREER CATEGORY		35 REG. HEALTH INSURANCE		36 SOCIAL SECURITY NO.	
37 PREVIOUS CIVILIAN GOVERNMENT SERVICE				38 LEAVE CAT. CODE				39 FEDERAL TAX DATA			
0											
40 STATE TAX DATA				41 FICA DATA				42 STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											

POSTED
10-14-70
BSI

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	060389	51	650	CF GS 15 6	\$26,700

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	060389	51	650	CF GS 15 6	\$26,700

653

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUND		5. LWOP HOURS	
060389				51 650		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI	AOI
GS 13	3	XXXXXX \$24,469	09/10/67	GS 13	6	XXXXXX \$25,189	09/07/69		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF CONFERENCE.									
SIGNATURE <i>[Signature]</i>						DATE <i>Sept 22 1969</i>			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS <i>[Handwritten initials]</i>									
FORM 7-66 560 E		Use previous editions		PAY CHANGE NOTIFICATION				(431)	

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1968

NAME	SERIAL	ORG.	FUND	GR-STEP	NET SALARY
[Redacted]	060389	51 650	CF	GS 13 6	\$24,449

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[REDACTED]	060389	51	650	CF GS 13 5	\$20,356	\$22,416

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[REDACTED]	062134	42	775	CF GS 13 4	\$17,393

SECRET
(When Filled In)

FVD:

NOTIFICATION OF PERSONNEL ACTION													
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)											
060389		[Redacted]											
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT							
REASSIGNMENT				05 19 68		REGULAR							
6 FUNDS		V TO V		V TO CF		7 Financial Analysis No. Chargeable		8 CSC OR OTHER LEGAL AUTHORITY					
[Redacted]		CF TO V		X CF TO CF		8135 0856 0000		50 USC 403 J					
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION									
DDP/WH FOREIGN FIELD BRANCH 2				[Redacted]									
[Redacted] STATION				11 POSITION TITLE		12 POSITION NUMBER		13 SERVICE DESIGNATION					
[Redacted]				CHIEF OF STATION		0198		D					
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE						
GS			0136.05		15 5		20856						
18 REMARKS													
WASH., D.C.													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGREE CODE	24 HOURS CODE		25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
37	10	NUMERIC ALPHABETIC 51650 WH		16069	[Redacted]	3		[Redacted]		[Redacted]		[Redacted]	
28 NTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 Correction - Cancellation Data		33 SECURITY REQ NO		34 SER	
[Redacted]		[Redacted]		[Redacted]		[Redacted]		EOD DATA		[Redacted]		[Redacted]	
25 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 PEGU - HEALTH INSURANCE		40 SOCIAL SECURITY NO.			
[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]		[Redacted]			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAF CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA					
[Redacted]				[Redacted]		[Redacted]		[Redacted]					

SIGNATURE OR OTHER AUTHENTICATION

POSTED
[Handwritten Signature]

1150
May 1967

Use Previous
Edition

SECRET

FVD

Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
 AS AMENDED, AND A DCI DIRECTIVE DATED 9 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
[Redacted]	060389	51	500	CF GS 15 5	\$19,978	\$20,856

5 640 0

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
060389		[Redacted]		51 500 CF						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADI
GS 15	4	\$19,371	09/12/65	GS 15	5	\$19,978	09/10/67			
8. Remarks and Authorization										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>SB</i> AUDITED BY <i>[Signature]</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i> DATE: <i>[Date]</i>										
PAY CHANGE NOTIFICATION										

PJH: 15 JUL 66

SECRET
(When Filled In)

ODF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 060384		2. NAME (LAST, F. INIT. MIDDLE) [Redacted]	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 07 15 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. COST CENTER NO. CHARGEABLE 7135 1162 0000	
7. CS, OR OTHER LEGAL AUTHORITY 30 USC 403 J		8. FUNDS V TO V CF TO V X V TO CF CF TO CF	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C OFFICE OF THE CHIEF		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER D CH		12. POSITION NUMBER 1106	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 15 4	
17. SALARY OR RATE 18825		18. REMARKS WASH., D.C.	

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER: 51500 ALPHABETIC: WH	22. STATION CODE 75013	23. INTEGREE CODE [Redacted]	24. MGR/GR Code 1	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. NTE EXPIRES NO DA YR	29. SPECIAL REFERENCE 1. C-2 2. C-3 3. C-4	30. RETIREMENT DATA 1. CODE 2. DATE 3. MONTH	31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA NO DA YR	EOD DATA		33. SECURITY REQ. NO.	34. SEX
35. VET PREFERENCE CODE 0 NONE 1 5 PF 2 10 PF	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CODE 1. YES 2. NO	39. FEGLI / HEALTH INSURANCE CODE 0 WAIVER 1 YES	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 1 YEAR 3 BREAK IN SERVICE MORE THAN 1 YEAR	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXEMPTED CODE 1 YES 2 NO		44. STATE TAX DATA FORM EXEMPTED CODE 1 YES 2 NO				

SIGNATURE OR OTHER AUTHENTICATION

07-15-66

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962,"

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
<input type="text"/>	060389	51	500	CF GS 15 4	\$18,825	\$19,371

NOJZ 19 FEB 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 660389
 2. NAME (LAST FIRST MIDDLE): [Redacted]

3. NATURE OF PERSONNEL ACTION: REASSIGNMENT
 4. EFFECTIVE DATE: 02 18 66
 5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: [Redacted] V TO V, CP TO V, V TO CP, CP TO CP
 7. COST CENTER NO. (MANDATORY): 6135 1162 0000
 8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS: DDP/WH, WH/C
 10. LOCATION OF OFFICIAL STATION: WASH., D. C.
 11. POSITION TITLE: OPS OFFICER
 12. POSITION NUMBER: 1148
 13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, SM): GS
 15. OCCUPATIONAL SERIES: 0136.01
 16. GRADE AND STEP: 15 4
 17. SALARY OR RATE: 13825

18. REMARKS: MADRID, SPAIN

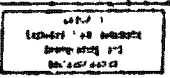
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE 37	20. Employ. Code 10	21 OFFICE CODING NUMERIC: 51500 ALPHABETIC: WH	22 STATION CODE 75013	23. INTEGREE CODE	24. Mgmt. Code	25 DATE OF BIRTH MO DA YR	26 DATE OF GRADE MO DA YR	27 DATE OF LEI MO DA YR
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO DA YR	EOD DATA		33 SECURITY REG NO	34. SER
35 VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36 SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR SERV CODE PROV TEMP	39 FEGLI / HEALTH INSURANCE CODES 0 - DP-FEP 1 - FEA	HEALTH INS CODE		40 SOCIAL SECURITY NO	
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	44 STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	NO TAX EXEMPT CODE		STATE CODE		

SIGNATURE OR OTHER AUTHENTICATION

FROM WE
2

02-18-66



RZF: 21 OCT 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 2 NAME (LAST FIRST MIDDLE) 060389											
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM						4 EFFECTIVE DATE 10 24 65		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		V TO V CF TO V		V TO CF CF TO CF		7 COST CENTER NO CHARGEABLE 5136 1347 0000		8 CSC OR OTHER LEGAL AUTHORITY SECTION 203 P.L. 88-643			
9 ORGANIZATIONAL DESIGNATIONS DDP/WE FOREIGN FIELD STATION OFFICE OF THE CHIEF						10 LOCATION OF OFFICIAL STATION					
11 POSITION TITLE CPS OFF OCOS				12 POSITION NUMBER 0897		13 SERVICE DESIGNATION D					
14 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS			15 OCCUPATIONAL SERIES 0136.01			16 GRADE AND STEP 15 4		17 SALARY OR RATE 18170			
18 REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 28	20 EMPLOY CODE 10	21 OFFICE CODING ALPHABETIC 50660 WE		22 STATION CODE 67033	23 IMPERIAL CASE CODE	24 NEGOTI CODE 3	25 DATE OF BIRTH NO DA YR		26 DATE OF GRADE NO DA YR		27 DATE OF LEI NO DA YR
28 NTE EXPIRES NO DA YR		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1 - CSC 2 - PICA 3 - NONE 2		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE NO DA YR		33 SECURITY REQ NO.		34 SER	
35 VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36 SPPH COMP DATE NO SA YR		37 LONG COMP DATE NO SA YR		38 CAREER CATEGORY CODE		39 FEGLI / HEALTH INSURANCE CODE 0 - WAIVED 1 - YES HEALTH INS CODE		40 SOCIAL SECURITY NO		
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS			42 LEAVE CAT CODE	43 FEDERAL TAX DATA UNEMPLOYED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO		44 STATE TAX DATA FORM EXECUTED 1 - YES 2 - NO		CODE NO TAX EXEMP		STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
										<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0;">10-22-65 <i>[Signature]</i></p> </div>	

FORM 1150
11 67

Use Previous Edition

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPC 03/30/69

1. SERIAL NUMBER 060399	2. NAME (LAST FIRST MIDDLE) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
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3. NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT	4. EFFECTIVE DATE MO DA YR 03 29 69	5. CATEGORY OF EMPLOYMENT
--	--	---------------------------

6. FUNDS	7. COST CENTER NO. CHARGEABLE 5136 1347 0000	8. CNL OR OTHER LEGAL AUTHORITY
----------	--	---------------------------------

9. ORGANIZATIONAL DESIGNATIONS DDP/WE DIVISION	10. LOCATION OF OFFICIAL STATION <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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11. POSITION TITLE OPS OFFICER DCOS	12. POSITION NUMBER 0897	13. CAREER SERVICE DESIGNATION D
---	------------------------------------	--

14. CLASSIFICATION SCHEDULE (GS 18, etc.) GS	15. OCCUPATIONAL SERIES 0136,01	16. GRADE AND STEP 15	17. SALARY OR RATE
--	---	---------------------------------	--------------------

18. REMARKS

POSTED
04/05/69 J.K.

SIGNATURE OR OTHER AUTHENTICATION

Form 1-63 11/68 MFC 1-63

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

DLS: 8 OCT 63

NOTIFICATION OF PERSONNEL ACTION												
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)										
050389												
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT				
REASSIGNMENT						10 1 08 63		REGULAR				
6 FUNDS		V TO V		V TO CF		7 COST CENTER NO CHARGEABLE		8 CSC OR OTHER LEGAL AUTHORITY				
CF TO V		X		CF TO CF		4135 6400 1017		50 USC 403 J				
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION						
DDP/WE												
STATION												
OFFICE OF THE CHIEF												
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION						
CPS OFFICER DCOS				0897		D						
14 CLASSIFICATION SCHEDULE (GS, LB, etc)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE					
GS			0136.01		15 2		15045					
18 REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 Employ Code	21 OFFICE CODING		22 STATION CODE	23 INTEGREE CODE	24 Hdqtrs Code	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LET	
37	10	50660	WE	67033		3						
28 WTE CAPIDES		29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA		33 SECURITY RTO NO		34 SER			
							EOD DATA					
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEGLI/HEALTH INSURANCE		40 SOCIAL SECURITY NO		
41 PREVIOUS GOVERNMENT SERVICE DATA				42 LEAVE CAT		43 FEDERAL TAX DATA			44 STATE TAX DATA			
SIGNATURE OF OTHER AUTHORITY												

POSTED
10/24/63 JK

FORM 1110
1-63

Use Previous Edition

SECRET

8 OCT 1963

1110
FILL IN THE NUMBER
OF COPIES TO BE
DISTRIBUTED

(When Filled In)

060389 [] 02 660 CF 17

5 OLD SALARY RATE NEW SALARY RATE

GS 15 1 \$14,565 09/16/62 GS 15 2 \$15,045 09/19/63

6 Remarks and Authorization

/ / NO EXCESS LEOP
 / / IN PAY STATUS AT END OF WAITING PERIOD
 / / LEOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS AUDITED BY

663

16 7/11/63

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE: [Signature] DATE: 15 July 63

PAY CHANGE NOTIFICATION

Form 224 Obsolete Previous (45)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1966.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
[]	060389	50	660	CF GS 15 2	\$15,045	\$16,100

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1966, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1966.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
[]	060389	50	660	CF 15 1	\$12,735	\$16,900

PSC: 14 SEPT 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)											
*060389													
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT							
PROMOTION				09 16 62		REGULAR							
6. FUNDS		7. POST CENTER NO (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY									
<table border="1"> <tr> <td>V TO V</td> <td>V TO CP</td> </tr> <tr> <td>CP TO V</td> <td>CP TO CP</td> </tr> </table>		V TO V	V TO CP	CP TO V	CP TO CP	3136 6400 1017		50 USC 403 J					
V TO V	V TO CP												
CP TO V	CP TO CP												
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION								
DDP WE													
STATION BRANCH													
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION								
OPS OFFICER			0400		D								
14. CLASSIFICATION SCHEDULE (SL, LR, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE							
GS		0136.01		15 1		13730							
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEROFFICE CODE	24. POINTS	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI				
22	10	62660 WE	67033		3		09 16 62	09 16 62					
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA		33. SECURITY REG NO.	34. SER				
80						EOD DATA							
35. VET PREFERENCE		36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY		39. FECL / HEALTH INSURANCE		40. SOCIAL SECURITY NO					
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT	43. FEDERAL TAX DATA		44. STATE TAX DATA						
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>10/11/62</p> <p><i>[Signature]</i></p> </div>													

FORM 1150
4-62

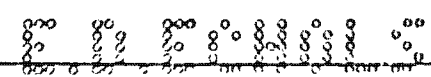
Use Previous
Edition

SECRET

10-011
LUNDS
When Filled In

(When Filled In)

SECRET
(When Filled In)

1. Serial No.		2. Name		3. Control Number		4. LWOP Hours				
560389				DDP/WE 14 UV						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PBI	LBI	ADI
14	3	\$12,730	12/13/59	14	4	\$12,990	06/11/61			
8. Remarks and Authentication										
<p align="right">/</p> <p>/ / NO EXCESS LWOP</p> <p>/ / IN PAY STATUS AT END OF WAITING PERIOD</p> <p>/ / IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="right">Wk</p>										
 PAY CHANGE NOTIFICATION										

663

Wk

Wk

Form 560
7-60

Obsolete Previous Edition

SECRET

(4-81)

L 1

SECRET
(When Filled In)

BWS: 5 AUG 1960

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vet. Prof.	5. Sex	6. C. S. T. C. D.				
560389			None-0 5 Pt-1 10 Pt-2	M	Mo.	Da.	Yr.		
			1	1	06	26	52		
7. SCD		8. CSC Point	9. CSC Or Other Legal Authority		10. Appt. Affidav.		11. H. C. I.	12. LCD	13. Grant No.
Mo.	Da.	Yr.	Yes-1 No-2	Code	Mo.	Da.	Yr.	Yes-1 No-2	Code
11	25	42		1				50 USCA 403	2

PREVIOUS ASSIGNMENT

14. Organizational Designations		Code	15. Location Of Official Station		Station Code		
DDP WE BRANCH		7712	WASH., D.C.		75013		
16. Dept. - Field	17. Position Title	18. Position No.		19. Serv.	20. Occup. Series		
Dept - 1 USfld - 3 Frgn - 5	Code 1 OPS OFF D BR CH	0179		GS	0136.01		
21. Grade & Step	22. Salary Or Rate	23. SD	24. Rate Of Grade		25. PSI Due	26. Appropriation Number	
14 3	\$12730	D	Mo. Da. Yr.	Mo. Da. Yr.		0136 1000 1000	
			12 16 56	06 11 61			

ACTION

27. Nature Of Action	Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data
REASSIGNMENT	67	Mo. Da. Yr.	REGULAR		GM		
		08 07 60					

PRESENT ASSIGNMENT

31. Organizational Designations		Code	32. Location Of Official Station		Station Code		
DDP WE STATION BRANCH		7733			67033		
33. Dept. - Field	34. Position Title	35. Position No.		36. Serv.	37. Occup. Series		
Dept - 1 USfld - 3 Frgn - 5	Code 5 OPS OFFICER	0400		GS	0136.01		
38. Grade & Step	39. Salary Or Rate	40. SD	41. Rate Of Grade		42. PSI Due	43. Appropriation Number	
14 3	\$12730	D	Mo. Da. Yr.	Mo. Da. Yr.		1136 6400 3017	
			12 16 56	06 11 61			

44. Remarks

POSTED
08-26-60 2/K

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
0		560389	47 12	GS-14 3	\$11,835	\$12,730

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

60

AES: 10 MAY 1960 **NOTIFICATION OF PERSONNEL ACTION**

1. Serial No. 560389		2. Name (Last-First-Middle)			3. Date Of Birth Mo. Da. Yr.			4. Vet. Prof. Non-0 5 Pt-1 10 Pt-2		5. Sex M 1		6. CS - EOD Mo. Da. Yr. 06 26 52		
7. SCD		8. CSC Rmt Yes-1 No-2		9. CSC Or Other Legal Authority 50 USCA 403 a		10. Apmt. Allidav Mo. Da. Yr.			11. FEGLI Yes-1 No-2		12. LCB Mo. Da. Yr. 06 26 52		13. Mil Serv Credit Yes-1 No-2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP CI STAFF			Code 5430		15. Location Of Official Station WASH., D. C.			Station Code 75013	
16. Dept - Field Dept - 1 USfld - 3 Frgn - 5		17. Position Title Code 10 CI BR CH		18. Position No. 0211		19. Ser. GS		20. Occup. Series 0136.53	
21. Grade & Step 14 3		22. Salary Or Rate \$ 11835		23. SD DJ		24. Date Of Grade Mo. Da. Yr. 12 16 56		25. PSI Due Mo. Da. Yr. 12 13 59	
26. Appropriation Number 9 2700 17 001									

ACTION

27. Nature Of Action REASSIGNMENT		Code 57		28. Eff. Date Mo. Da. Yr. 05 15 60		29. Type Of Employee REGULAR		Code OM		30. Separation Data	
---	--	-------------------	--	---	--	--	--	-------------------	--	---------------------	--

PRESENT ASSIGNMENT

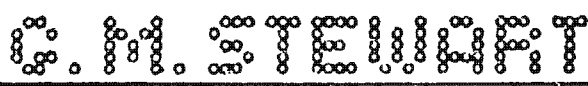
31. Organizational Designations DDP WE BRANCH			Code 4712		32. Location Of Official Station WASH., D.C.			Station Code 75013	
33. Dept - Field Dept - 1 USfld - 3 Frgn - 5		34. Position Title Code OPS OFF D BR CH		35. Position No. 0179		36. Ser. GS		37. Occup. Series 0136.01	
38. Grade & Step 14 3		39. Salary Or Rate \$ 11835		40. SD D		41. Date Of Grade Mo. Da. Yr. 12 16 56		42. PSI Due Mo. Da. Yr. 06 11 61	
43. Appropriation Number 0136 1000 1000									

44. Remarks

FOUND
 05-12-60 RK

AE 5/10/60

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO. 560389		2. NAME [REDACTED]			3. ASSIGNED ORGAN DDP/CI 5		4. FUNDS UV	5. ALLOTMENT			
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 14	2	\$11,595	06	15	58	GS 14	3	\$11,835	12	13	59
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK			11. AUDITED BY		
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD											
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.T. <input type="checkbox"/> L.S.T. <input type="checkbox"/> PAY ADJUSTMENT						000					
14. AUTHENTICATION											
											
PAY CHANGE NOTIFICATION											

FORM 560

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b.

SECRET

OFFICIAL PERSONNEL FOLDER

(4)

0700

SECRET
(When Filled In)

ARE: 6 MAR 1959

NOTIFICATION OF PERSONNEL ACTION

1. Serial No. 560389		2. Name (Last-First-Middle)			3. Date Of Birth Mo. Da. Yr.		4. Vet. Pref. None-0 Code 5 Pt-1 10 Pt-2		5. Sex M 1		6. CS - EOD Mo. Da. Yr. 06 26 52			
7. SCD		8. CSC Rmt Mo. Da. Yr. Yes-1 Code No-2 1		9. CSC Or Other Legal Authority 50 USCA 403			10. Apmt. Affidav. Mo. Da. Yr.		11. FEGLI Yes-1 Code No-2		12. LCD Mo. Da. Yr. 06 26 52		13. <small>all other</small> Yes-1 Code No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designations DDP WH BRANCH 11 SECTION				Code 4675		15. Location Of Official Station WASH., D.C.				Station Code 75013		
16. Dept. - Field Dept - 1 USfld - 3 Frqn - 5		17. Position Title Code AREA OPS OFF DCOS		18. Position No. 0458				19. Serv. GS		20. Occup. Series 0136.01		
21. Grade & Step 14 2		22. Salary Or Rate \$11595		23. SD DI		24. Date Of Grade Mo. Da. Yr. 12 16 56		25. Pst Due Mo. Da. Yr. 12 13 59		26. Appropriation Number 9 3500 10 200		

ACTION

27. Nature Of Action REASSIGNMENT			Code 57		28. Eff. Date Mo. Da. Yr. 03 08 59		29. Type Of Employee REGULAR			Code OM		30. Separation Data	
--------------------------------------	--	--	------------	--	--	--	---------------------------------	--	--	------------	--	---------------------	--

PRESENT ASSIGNMENT

31. Organizational Designations DDP CI STAFF				Code 5430		32. Location Of Official Station WASH., D. C.				Station Code 75013		
33. Dept. - Field Dept - 1 USfld - 3 Frqn - 5		34. Position Title Code 10 CI BR CH		35. Position No. 0211				36. Serv. GS		37. Occup. Series 0136.53		
38. Grade & Step 14 2		39. Salary Or Rate \$11595		40. SD DI		41. Date Of Grade Mo. Da. Yr. 12 16 56		42. Pst Due Mo. Da. Yr. 12 13 59		43. Appropriation Number 9 2700 17 001		

44. Remarks

TRUSTED

12 MAR 1959

fg

67 3/2/59

SECRET

NOTIFICATION OF PERSONNEL ACTION

AES 15 OCT 58

1. Serial No. 56038y		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CS-EOD			
7. SCD		8. CSC Rntmt			9. CSC Or Other Legal Authority			10. Acct. All. Jav.		11. FEGLI		12. CCS		13. PIA No.	
Mo	Da	Yr.	Yes-1	Code	Mo	Da	Yr.	Yes-1	Code	Mo	Da	Yr.	Yes-1	Code	
11	25	42	No-2	1						06	25	52	No-2	2	

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DOP WH BRANCH 111 HAVANA, CUBA STATION						HAVANA, CUBA					
16. Dept. - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 1	Code	AREA OPS OFF (DCOS)				0115		GS		0136.01	
USMID - 3											
Frgr - 5	5										
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
14 2		11595		DI		Mo. Da. Yr.		Mo. Da. Yr.		9 3585 55 055	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		67		10 19 58		REGULAR		OM			

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DOP WH BRANCH 11				SECTION		WASH., D.C.				75013	
33. Dept. - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 1	Code	AREA OPS OFF DCOS				0158		GS		0136.01	
USMID - 3											
Frgr - 5	1										
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
14 2		11595		DI		12 16 56		12 13 54		9 3500 10 200	

44. Remarks

0-110
20 OCT 58
3 B.

SECRET

12/11/58 (4)

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO		2. NAME			3. ASSIGNED ORGAN		4. FUNDS		5. ALLOTMENT		
560389					DDP/WH 7		UV				
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 14	1	\$10,320				GS 14	2	\$10,595	06	15	58
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
TYPED, OR PRINTED, NAME OF SUPERVISOR			DATE		SIGNATURE OF SUPERVISOR						
			15 May 58		N.B.						
PERIODIC STEP INCREASE - CERTIFICATION											

FORM NO 560
1 MAR. 58

SECRET

PERSONNEL FOLDER (4)

SECRET

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
	560389	GS-14-2	\$10,535	\$11,595

GORDON M. STEWART
AS/ DIRECTOR OF PERSONNEL

SECRET

NOTIFICATION OF PERSONNEL ACTION

BJW

1. NAME (Last - first - middle - one given name - initials - and surname) MR. [redacted] 560383		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE 14 Dec 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (use standard terminology) Promotion 30		6. EFFECTIVE DATE 16 Dec 1956	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J	
FROM		TO		
GS-0136.01-13 \$9205.00 per annum [redacted]		8. POSITION TITLE Area Ops Off (DCCS) BAR-115 [redacted]	GS-0136.01-14 \$10,320.00 per annum [redacted]	
9. SERVICE, SERIES, GRADE, SALARY		10. ORGANIZATIONAL DESIGNATIONS DDF/44 Branch III Havana, Cuba Station Havana, Cuba		
11. HEADQUARTERS 265230 5		12. FIELD OR DEPT'L. <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT <input type="checkbox"/> 10-POINT <input checked="" type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAS. <input type="checkbox"/> SD/DI <input type="checkbox"/>		
15. SEX M	16. APPROPRIATION FROM: 7-3545-55-055 TO: 8888 170-85	17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	18. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY) 19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:	
20. REMARKS 3 BOD 06/26/52 POSTED [Signature] MSB				
ENTRANCE PERFORMANCE RATING: Director of Personnel				

SECRET

1. EMPLOYEE COPY

5/12/2012

NOTIFICATION OF PERSONNEL ACTION dah

1. NAME (MR - MISS - MRS. - ONE GIVEN NAME, INITIAL(S), AND SURNAME) Mr. [REDACTED]		2. DATE OF BIRTH [REDACTED]	3. GENERAL OR ACTION NO.	4. DATE 31 May 1956
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) Reassignment		6. EFFECTIVE DATE 3 June 1956	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY 50 USCA 403 J	
FROM Intelligence Officer (FI) BAF-116 [REDACTED] GS-0136.51-13 \$2205.00 per annum [REDACTED] DDP/WH Havana, Cuba		8. POSITION TITLE Area Ops. Officer D COE BAF-115 [REDACTED] GS-0136.01-13 \$2205.00 per annum [REDACTED] DDP/WH - Branch III Havana-Cuba Station	TO	
10. ORGANIZATIONAL DESIGNATION 455230		11. HEADQUARTERS 5 Havana, Cuba		12. FIELD OR DEPTL. <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
13. VETERAN'S PREFERENCE NONE <input type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input checked="" type="checkbox"/> 10-POINT <input type="checkbox"/> <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> ED/DI <input type="checkbox"/>		
15. SEX M	16. RACE W	17. APPROPRIATION FROM: 6-9545-55-055 170-85 TO: Same	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) Yes	19. DATE OF APPOINTMENT AFFIDAVIT (SUCCESSORS ONLY)
20. LEGAL RESIDENCE <input checked="" type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		21. REMARKS: 3 EOD [REDACTED]		
ENTRANCE PERFORMANCE RATING: Director of Personnel		22. EMPLOYER'S SIGNATURE AND IDENTIFICATION [REDACTED]		

POSTED
 6/9/56

SA-C-244

Combined Personnel Action in Item of SI-52.

Change of Service Designation from D to DI.

Effective date: 12 June 1955

TR/DL

FI

[Redacted box]

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III

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[Redacted box]

[Redacted box]

10 June 1955

SA-C-244

STANDARD FORM 52
OFFICE OF PERSONNEL
GENERAL SERVICES ADMINISTRATION
WASHINGTON, D. C. 20540

SECRET

UNVOUCHERED

FDX MK
4/1/54
Sum

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. - Miss - Mee - One given name, initial(s), and surname) Mr. [Redacted]	2. DATE OF BIRTH [Redacted]	3. REQUEST NO. [Redacted]	4. DATE OF REQUEST 4 Mar. 54
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) PROMOTION		6. EFFECTIVE DATE A. PROPOSED: B. APPROVED: APR 11 1954	7. C. S. OR OTHER LEGAL AUTHORITY 117
8. POSITION (Specify whether establish, change grade or title, etc.) [Redacted]			

FROM— INTELLIGENCE OFCR (H) BAF-116-12 [Redacted] GS-0136.51-12, \$7240.00 p.e. [Redacted] DDP/WH Havana, Cuba	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATIONS 12. HEADQUARTERS 13. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	TO— INTELLIGENCE OFCR (F) BAF-116 [Redacted] GS-0136.51-13, \$8360.00 p.e. [Redacted] DDP/WH Havana, Cuba	14. FIELD OR DEPARTMENTAL <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL
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APPROVED BY
FI CAREER SERVICE BOARD
DATE: **MAR 23 1954**

8. REQUESTED BY (Name and title) C/WH JCKing	9. REQUEST APPROVED BY [Redacted]
6. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) X1167	Signature [Redacted]
	Title 3/24/54

13. VETERAN PREFERENCE REGULAR <input type="checkbox"/> WWI <input type="checkbox"/> OTHER: S PT <input type="checkbox"/> 10 POINT <input type="checkbox"/> <input checked="" type="checkbox"/> DISAB <input type="checkbox"/> OTHER	14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL <input type="checkbox"/> CD-FI
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15. 16. SAL. PAGE M W	17. APPROPRIATION FROM 4-3545-55-055 TO 4-3545-55-055	18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (ACCESSIONS ONLY)	20. LEGAL RESIDENCE STATE: <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED
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21. STANDARD FORM IS PREPARED FOR PROMOTION TO **BAF-116-13**
EFFECTIVE **1 APR 1954**
SALARY ADJUSTED TO: **8990**

1031ED
1 April 54 (W)

22. CLEARANCES	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CEN. OR POS. CONTROL	CS	3/29	
C. CLASSIFICATION			
D. PLACEMENT OR EMPL.	D. Taylor	2/21/54	
E			

F. APPROVED BY [Redacted] DATE: **3/19/54**

STANDARD FORM 52
PROPOSED BY THE
U. S. CIVIL SERVICE COMMISSION
EXCLUDED FROM FEDERAL PERSONNEL
MANUAL CHAPTER IV

SECRET

CONFIDENTIAL

Ref.
2/10/54
88

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., Use given name, initials, and surname) Mr. []	2. DATE OF BIRTH []	3. REQUEST NO. -	4. DATE OF REQUEST 6 Feb 54
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5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment	6. EFFECTIVE DATE A. PROPOSED: 14 Feb 54 B. APPROVED: FEB 14 1954	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		

FROM— Ops OF -DEP CHIEF, BA-144-12 [] GS-132-12, \$7240.00 p.a. [] DDP/WH HAVANA, CUBA	9. POSITION TITLE AND NUMBER 10. SERVICE, GRADE, AND SALARY 11. ORGANIZATIONAL DESIGNATION 12. HEADQUARTERS	TO— IO-FI - PAF-116-12 [] GS-0136.51-12, \$7240.00 p.a. [] DDP/WH HAVANA, CUBA
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

A. REMARKS (Use reverse if necessary):
BAF-116

B. PREPARED BY (Name and title) [] LC/WH	D. REQUEST APPROVED BY Signature: _____ Title: _____
C. [] (Name and telephone extension) X 4457	

13. VETERAN PREFERENCE NONE <input type="checkbox"/> WW <input type="checkbox"/> OTHER <input type="checkbox"/> 5 PT <input type="checkbox"/> 10 PT <input type="checkbox"/> 15 PT <input type="checkbox"/> 20 PT <input type="checkbox"/> 30 PT <input type="checkbox"/> 40 PT <input type="checkbox"/> 50 PT <input type="checkbox"/> 60 PT <input type="checkbox"/> 70 PT <input type="checkbox"/> 80 PT <input type="checkbox"/> 90 PT <input type="checkbox"/> 100 PT <input type="checkbox"/> 110 PT <input type="checkbox"/> 120 PT <input type="checkbox"/> 130 PT <input type="checkbox"/> 140 PT <input type="checkbox"/> 150 PT <input type="checkbox"/> 160 PT <input type="checkbox"/> 170 PT <input type="checkbox"/> 180 PT <input type="checkbox"/> 190 PT <input type="checkbox"/> 200 PT <input type="checkbox"/> 210 PT <input type="checkbox"/> 220 PT <input type="checkbox"/> 230 PT <input type="checkbox"/> 240 PT <input type="checkbox"/> 250 PT <input type="checkbox"/> 260 PT <input type="checkbox"/> 270 PT 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type="checkbox"/> 590 PT <input type="checkbox"/> 600 PT <input type="checkbox"/> 610 PT <input type="checkbox"/> 620 PT <input type="checkbox"/> 630 PT <input type="checkbox"/> 640 PT <input type="checkbox"/> 650 PT <input type="checkbox"/> 660 PT <input type="checkbox"/> 670 PT <input type="checkbox"/> 680 PT <input type="checkbox"/> 690 PT <input type="checkbox"/> 700 PT <input type="checkbox"/> 710 PT <input type="checkbox"/> 720 PT <input type="checkbox"/> 730 PT <input type="checkbox"/> 740 PT <input type="checkbox"/> 750 PT <input type="checkbox"/> 760 PT <input type="checkbox"/> 770 PT <input type="checkbox"/> 780 PT <input type="checkbox"/> 790 PT <input type="checkbox"/> 800 PT <input type="checkbox"/> 810 PT <input type="checkbox"/> 820 PT <input type="checkbox"/> 830 PT <input type="checkbox"/> 840 PT <input type="checkbox"/> 850 PT <input type="checkbox"/> 860 PT <input type="checkbox"/> 870 PT <input type="checkbox"/> 880 PT <input type="checkbox"/> 890 PT <input 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1. Agency and employee identification
 2. Pay rate
 3. Employee's name (and social security district number when appropriate)
 4. Grade and title
 5. Date
 6. Step No.

7. Previous normal
 8. New normal
 9. Pay this period

10. Remarks

11. Appropriation(s)
 12. Prepared by
 13. Audited by

14. Inactive date
 15. Date last equivalent increase
 16. Old salary rate
 17. New salary rate
 18. Performance rating is satisfactory or better.

19. LWOP date (and appropriate dates covering LWOP during following period):
 No extra LWOP Total extra LWOP

(Check applicable box in case of extra LWOP)
 In pay status at end of waiting period.
 In pay status at end of waiting period.

STANDARD FORM NO. 1126d—Revised
 Form prescribed by Comp. Gen. U. S.
 Nov. 8, 1936 (amended) Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL OFF.

PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	TAX	BOND	F. I. C. A	NET PAY
7. Previous normal								
8. New normal								
9. Pay this period								

2-12 \$7010.00

VI-6

JK 0-25

27 Sept 42 2 1942 \$7010.00 \$7210.00

Initials of Clerk

wh 4-6

SECRET
Security Information

11/22/52

STANDARD FORM 52
FORM 52-1 (REV. 1-1-52)
U. S. GOVERNMENT PRINTING OFFICE
JANUARY 1952 - FEDERAL PERSONNEL
MANUAL CHAPTER III

REQUEST FOR PERSONNEL ACTION

Unvouchered

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr - Miss - Mrs - One given name, initial(s), and surname)	2. DATE OF BIRTH	3. REQUEST NO.	4. DATE OF REQUEST 12/22/52
5. NATURE OF ACTION REQUESTED: A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED: 12/29/52	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 20 Dec 52	

FROM— Operations Officer GS-12, \$7040 MI/PI Havana	9. POSITION TITLE AND NUMBER	TO—
	10. SERVICE, GRADE, AND SALARY	
	11. ORGANIZATIONAL DESIGNATIONS	MI/PI Havana
	12. HEADQUARTERS	
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	12. FIELD OR DEPARTMENTAL	<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL

13. REMARKS (Use reverse if necessary)

14. REQUESTED BY (Name and title) FI/OIS/	15. REQUEST APPROVED BY Signature: _____ Title: _____
16. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension) 7703 - 2103	

17. VETLIAN PREFERENCE	18. POSITION CLASSIFICATION ACTION																
<table border="1"> <tr> <th>NONE</th> <th>100%</th> <th>OTHER, 5 PT.</th> <th>10 POINT</th> </tr> <tr> <td></td> <td></td> <td></td> <td>OSAB OTHER</td> </tr> </table>	NONE	100%	OTHER, 5 PT.	10 POINT				OSAB OTHER	<table border="1"> <tr> <th>NEW</th> <th>VICE</th> <th>A</th> <th>REAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NEW	VICE	A	REAL				
NONE	100%	OTHER, 5 PT.	10 POINT														
			OSAB OTHER														
NEW	VICE	A	REAL														

19. GRADE	20. RACE	21. APPROPRIATION FROM: TO:	22. SUBJECT TO C. S. RETIREMENT ACT (112-102)	23. LIMIT OF APPOINTMENT ASSIGNMENT (ACCESSARY ONLY)	24. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:
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25. STANDARD FORM 50 REMARKS

POSTED
- 21 Jan 53 DE

26. CLEARANCE	INITIAL OR SIGNATURE	DATE	REMARKS
A			
B. CER. OR PA CONTROL			
C. CLASSIFICATION			
D. PLACEMENT OR EMP.			
E			

27. APPROVED BY

SECRET

1-5-53

SECRET

Handwritten notes: ~~SECRET~~
SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

NAME: [Redacted] DATE: 26 September 1952

NATURE OF ACTION: ~~Transfer~~ *Reassignment* EFFECTIVE DATE: *26 October 1952*

	FROM	TO
TITLE	Operations Officer, GS-12	CPS OF WA-114-12
GRADE AND SALARY	GS-12, \$7040.00 per annum	GS-132-12, \$7040.00 p.a.
OFFICE		
DIVISION	WH	WH
BRANCH	III	III
OFFICIAL STATION		Havana, Cuba (#3517)

QUALIFICATIONS: [Redacted] APPROVAL: [Redacted] EXECUTIVE: [Redacted]

CLASSIFICATION: [Redacted] PERSONNEL OFFICER: [Redacted]

POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS: YES NO

DATE OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON: _____

SECURITY CLEARED ON: _____

OVERSEAS AGREEMENT SIGNED: _____

ENTERED ON DUTY: _____

SIGNATURE OF AUTHENTICATING OFFICER: _____

REMARKS: *See app 21 Oct 52 wa action CPA*

Handwritten signature: [Signature]
Date: _____

POSTED
29 Oct 52

SECRET

CONFIDENTIAL FUNDS PERSONNEL ACTION

W.D. Miller
30 April 1952

NAME		DATE
[Redacted]		3 April 1952
NATURE OF ACTION		EFFECTIVE DATE
Appointment		26 June 1952
TITLE	FROM	TO
		Operations Officer, GS-12
	GRADE AND SALARY	GS-12, \$7010.00 per annum
	OFFICE	
	DIVISION	WII
	BRANCH	Branch III
OFFICIAL STATION		
APPROVAL		
QUALIFICATIONS	FOR ASSISTANT DIRECTOR	EXECUTIVE
[Redacted] <i>0-9-52</i>	[Redacted]	
	PERSONNEL OFFICER	
POST DIFFERENTIAL AUTHORIZED IN ACCORDANCE WITH AGENCY REGULATIONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
OATH OF OFFICE AND NO STRIKE AFFIDAVIT EXECUTED ON 27 June 1952		
SECURITY CLEARED ON 9 May 1952		
OVERSEAS AGREEMENT SIGNED 27 June 1952		
ENTERED ON DUTY 26 June 1952		
DOB - 04/11/54 CSEOD - 06/26/52 LCD - 06/26/52		[Redacted]
(Signature of Authorizing Officer)		
REMARKS:		
S-#2 Please initiate security clearance. Addendum to PIS attached.		
<i>30 April 1952</i> <i>W.D. Miller</i> <i>30 April 1952</i> FORWARDED <i>[Signature]</i> 3 April 1952		

FORM 37-1

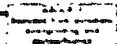
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SECRET
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT		
I REQUEST FOR PHYSICAL EXAMINATION BY		
1. NAME (Last)	(First)	2. DATE 6 June 1956
3. TO POSITION Area Ops Off (DCOS)	4. OFFICE, DIVISION, BRANCH DB, VII, III	5. GRADE O2-13
6. TYPE OF POSITION <input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas Havana, Cuba	7. EVALUATE FOR <input type="checkbox"/> EOD <input checked="" type="checkbox"/> Overseas <input checked="" type="checkbox"/> Returnee <input type="checkbox"/> Pre-employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)	
II REPORT OF MEDICAL EVALUATION		
<input type="checkbox"/> Qualified for Full Duty (General) <input type="checkbox"/> Qualified for Departmental Duty Only		
<input type="checkbox"/> Qualified for Full Duty (Special) <input type="checkbox"/> Disqualified		
Remarks: Subject is qualified for proposed PUS overseas assignment (6/12/56).		
<i>Max N. Hartman</i>		
SECRET		
MEDICAL OFFICE		

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				060389			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SU
					M	GS-15	D
6. OFFICIAL POSITION TITLE Ops Officer, Chief				7. OFF. DIV. OR OF ASSIGNMENT DDP/WH/6		8. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)	<input checked="" type="checkbox"/>	ANNUAL	<input type="checkbox"/>	REASSIGNMENT SUPERVISOR	<input type="checkbox"/>	REASSIGNMENT EMPLOYEE
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. February 1972				12. REPORTING PERIOD (From - to) 1 April 1971 - 31 January 1972			
SECTION B				PERFORMANCE EVALUATION			
U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.						
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.						
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.						
S-Strong	Performance is characterized by exceptional proficiency.						
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.						
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

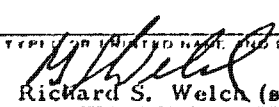


6 APR 1972

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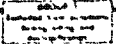
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>See MEMORANDUM IN LIEU OF FITNESS REPORT attached.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
14 March 1972	Acting Deputy Chief, WHD	 Richard S. Welch (signed)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>See MEMORANDUM IN LIEU OF FITNESS REPORT attached.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
14 March 1972	Acting Chief, WHD	James E. Flannery (signed)	

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				060389			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-15	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer/Chief of Station				DDP/WH/2			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
30 April 1971				1 April 1970 - 31 March 1971			
SECTION B PERFORMANCE EVALUATION							
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached memorandum.							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	



SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>See Attachment.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	/s/ []		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
14 April 1971	Deputy Chief, WH Division	/s/ James E. Flannery	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>See attachment.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
24 June 1971	Chief, WH DIVISION	/signed/ William V. Broe	

SECRET

14 April 1971

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]

1 April 1970 to 31 March 1971

Mr. [REDACTED] departed [REDACTED] on 21 February 1971, after having served as Chief of Station for two and one half years. The last year of his tour was highlighted by two extremely delicate, highly productive operations targeted against the [REDACTED] operation of a most sensitive nature stemming from them. This latter operation, focused as it was around [REDACTED] called for constant good judgment on how to pursue U. S. Government interests with this highly sensitive and significant intelligence at hand. (It was highlighted at the WH Division's Chiefs of Station Conference held in February 1971 as a classic example of both the collection and use of intelligence on the real "national interest" level.)

Throughout these operations, Mr. [REDACTED] handled himself very well, especially during the latter part of his tenure when he was under considerable pressure as an almost inevitable consequence of the impact of these operations. Ultimately, Mr. [REDACTED] was requested by the [REDACTED] [REDACTED] It should be stressed that this was a mark of his operational success rather than the result of any operational "flap" or miscue whatever.

The

fact that, under these general circumstances, he continued to function normally, responding to numerous demands being made on him by the situation and Headquarters, and set about paving the way for his successor to take up the cudgel from the best operational platform -- all this speaks for itself and certainly underlines the fine quality of Mr. [] professional and personal characteristics.

In the realm of normal activity, Mr. [] handled his officers with both firmness and tact. He was a good manager, ran a taut Station, and had cut back on several marginal operations, streamlined others, and initiated some new ones. He writes well and quickly, and he has exceptional fluency in Spanish. He moved very well in the local community and, during his tenure, established a wide range of contacts.

Mr. [] relationship with the [] was excellent, and [] was a great help to him in discharging his representational duties and [] within the []

In sum, Mr. [] is a "pro" who turned in a strong performance both before and after the chips were down.

James E. Flannery
James E. Flannery
Deputy Chief
Western Hemisphere Division

I certify that I have seen
this memorandum:

15 Feb 1971
Date

SECRET

[REDACTED]
1 April 1970 to 31 March 1971

Comments of Reviewing Official:

I fully concur with the Rater's comments. I am pleased that Mr. Flannery explained the circumstances surrounding Mr. Williamson's [REDACTED] so well. His tour was a fine piece of operational work and in no way should it be tarnished by misinterpretation or gossip.


William V. Broe
Chief

24 June 1971
Date

Western Hemisphere Division

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 060389	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-13	D
6. OFFICIAL POSITION TITLE Ops Officer/Chief of Station			7. OFF. DIV./BR OF ASSIGNMENT 8. CURRENT STATION DDP/WH/2		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER			<input type="checkbox"/> INITIAL		
<input type="checkbox"/> RESERVE			<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> TEMPORARY			<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 April 1969 - 31 March 1970		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER

9 JUL 1970
/s/

SECRET

23 June 1970

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [redacted]
1 April 1969 - 31 March 1970

[redacted] has become progressively more important to the Agency because of its very active [redacted] and signs of the imminent arrival of the [redacted]. In anticipation, Mr. [redacted] has geared his Station and honed his operations to cope with these problems. [redacted] Station has some of the more sophisticated and interesting operations in the [redacted] area, and the Station is preparing to exploit its assets to the maximum to meet the expected presence of the [redacted].

Mr. [redacted] is an old "pro" who has had a variety of experiences in the intelligence field and who brings to his work maturity garnished with enthusiasm and expertise.

He has done particularly well in guiding his subordinates and extracting the maximum from them. His leadership is deft but firm.

His relationship with the [redacted] a difficult person to deal with, who was not at first happy to have Mr. [redacted] progressed to the point that he became a valuable member of the [redacted] and had the respect of the ambassador. There is a new ambassador now and it is clear that Mr. [redacted] has gotten off to a very good start with him.

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- 2 -

He has a large range of contacts in the community and he has been helped [redacted] in his work.

His subordinates have a high regard for him--from a professional as well as personal standpoint--and look to him for guidance and leadership.

He is judicious in the use of government funds, extracting the maximum from the operational dollar. His Spanish is excellent, and his experiences in Latin affairs have given him a grace in moving among the locals.

He is rated as Strong.

[redacted]

Deputy Chief
Western Hemisphere Division

I certify that I have seen
this memorandum:

[redacted]

24 June 1970
Date

SECRET

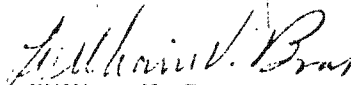
SECRET

SUBJECT:

1 April 1969 - 31 March 1970

Comments of Reviewing Official:

I concur completely with the Rater's comments concerning this excellent officer. Mr. has again and again shown himself to be the real professional that he is. It is a comfort to a Division Chief to have such a COS in the field.



William V. Broe

Chief

Western Hemisphere Division

8 JUL 1970

Date

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER 060389	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
					M	GS-15	D
6. OFFICIAL POSITION TITLE Chief of Station				7. OFF. DIV. BR. OF ASSIGNMENT DDP/WII/2		8. CURRENT STATION	
9. CAREER TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 30 April 1969				12. REPORTING PERIOD (From - To) 1 April 1968 - 31 March 1969			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance on specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

See attached Memorandum in Lieu of Fitness Report.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

SIGNATURE OF EMPLOYEE

/subject in field/

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

10 July 1969

Deputy Chief, WH Division

/signed/

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

See attached.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

28 July 1969

Chief, WH Division

/signed/ William V. Hume

SECRET

10 July 1969

MEMORANDUM IN LIEU OF FITNESS REPORT

SUBJECT: [REDACTED]
1 April 1968 - 31 March 1969

Mr. [REDACTED] began his tour as Chief of Station, [REDACTED] [REDACTED] in July 1968. He was well prepared for the responsibilities of the assignment, having served in two important stations as Deputy Chief of Station, and as Deputy Chief, WH/COG.

At the outset of his assignment, Mr. [REDACTED] was confronted with [REDACTED] who had reservations on several matters connected with the station, including problems concerning the establishment of a [REDACTED] operation. Shortly thereafter [REDACTED] activities placed an additional burden on the [REDACTED] station and on relations with the [REDACTED] Mr. [REDACTED] weathered these initial rough spots well, keeping Agency interests protected.

In the seven months since his arrival in [REDACTED] Mr. [REDACTED] not only succeeded in overcoming the [REDACTED] initial frostiness, but has mollified the [REDACTED] misgivings on several potential items of conflict. Furthermore, he has won a strong endorsement from the ambassador who has made it a point to inform Headquarters officers that he is highly pleased by the manner in which Mr. [REDACTED] is handling his assignment.

14-00000

SECRET

SUBJECT: [REDACTED]

1 April 1968 - 31 March 1969

Mr. [REDACTED] has an aggressive, constructive and realistic approach to operations. He has made a good assessment of the station's operational assets and personnel and has succeeded in sharpening general performances. Coordination and cooperation between the station and Headquarters leaves nothing to be desired.

He displays appropriate cost-consciousness. The morale of station personnel is high. Mr. [REDACTED] and his wife are highly regarded by embassy personnel, and have established a wide circle of Costa Rican friends and contacts.

He has put in a Strong performance.

[REDACTED]
Deputy Chief
Western Hemisphere Division

I certify that I have
seen this memorandum:

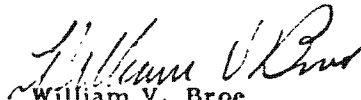
[REDACTED]

_____ Date

SECRET

SUBJECT:
1 April 1968 - 31 March 1969

I concur with the rater's comments. Mr.
has handled himself most professionally and adrictly and the
 Station is making fine progress under his leader-
ship.


William V. Broe
Chief

28 July 1969
Date

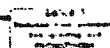
Western Hemisphere Division

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				060389			
SECTION A				GENERAL			
1. NAME <small>(Last) (First) (Middle)</small>		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD	
				M	15	D	
6. OFFICIAL POSITION TITLE Ops Officer D Ch				7. OFF/DIV/BR OF ASSIGNMENT WII/COG		8. CURRENT STATION Hots.	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL			
SPECIAL (Specify):				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 04/68				12. REPORTING PERIOD (From - to) 1 April 1967 - 31 March 1968			
SECTION B				PERFORMANCE EVALUATION			
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See attached Memorandum for the Record.							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER	
<p>25 APR 1968</p> <p>Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.</p>						S	



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

53 JUN 66
MAR 50, 1966

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SE		
DATE 20 June 1968	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 19 June 1968	OFFICIAL TITLE OF SUPERVISOR Chief, WH/COG	TYPED OR PRINTED NAME AND SIGNATURE David A. Phillips
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I heartily concur with the rating and comments submitted by Mr. [] superior. Mr. [] is a fine professional who very much deserves his new assignment as Chief of Station, []		
DATE 21 June 1968	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WH Division	TYPED OR PRINTED NAME AND SIGNATURE William V. Broc

SECRET

SECRET

19 June 1968

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -
Mr. [REDACTED]

1. Mr. [REDACTED] is on the eve of his departure as an overseas Chief of Station. This is a logical and justified next step in his career development. Mr. [REDACTED] responsibilities have been considerable in recent years: DCOS in two important Stations; Chief, FI and then Deputy Chief of WH/COG. It should be pointed out that in the latter position he was Acting Chief for long periods, performing admirably. His new assignment indicates that the most senior officers in the Division have recognized this.


2. Mr. [REDACTED] is a professional intelligence officer in the strictest sense of the word. He is hard-driving and tenacious; despite his seniority he is on any list of activists; he has the capability of getting things going, of getting the job done. He applies rigid standards to his subordinates, but no less rigid than those he applies to himself. He is cost-conscious to an unusual degree. He is a fluent speaker of idiomatic Spanish and can handle himself well in any milieu. If Mr. [REDACTED] is ever less than diplomatic it is when considering ersatz operational proposals or phoney practices, neither of which he can tolerate.

3. There is no question that in his next assignment Mr. [REDACTED] will benefit from the social graces of his [REDACTED]. In his own private life Mr. [REDACTED] maintains numerous important contacts.

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SECRET

4. In summary, Mr. [] is a dedicated and professional intelligence officer. He will undoubtedly continue his fine performance as a Chief of Station, and should in time be promoted to the next higher grade.


David A. Phillips
Chief, WH/COG

SECRET

SECRET

TECHNICAL SERVICES DIVISION -- TECHNICAL SCHOOL

[Redacted]

Training Report

Name : [Redacted]

Office: WH

Date : 10 May 1968

1. OBJECTIVES:

To provide a general knowledge in:

- a. Selected gear used for [Redacted] Included are representative samples of:

[Redacted]

- b. The philosophy, purpose, considerations and manageability of [Redacted] systems; including message security, link security, reliability and feasibility of [Redacted] systems.

[Redacted]

INSTRUCTOR
TSD/TECHNICAL SCHOOL

SECRET

S-E-C-R-E-T
(When Filled In)

24 May 1968

MEMORANDUM FOR: Chief, Transactions & Records Branch/OP
FROM : Chief, External Training Branch/RS/TR
SUBJECT : Completion of External Training

This is to advise you that training request
R-022109 attended the following external training program :

COURSE : NATIONAL INTERDEPARTMENTAL SEMINAR
INSTITUTION: FSI
DATE : 26 Feb.-22 Mar. 1968
GRADE : Successfully Completed

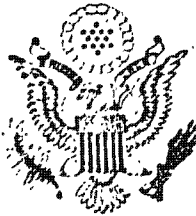
FOR THE DIRECTOR OF TRAINING:

Attachments:

- Grade Report
- Certificate of Completion
- Roster of Participants
- Training Report by Student
- Training Report by Institution
- None
- Other: _____

GROUP 1
Excluded from Automatic
Downgrading and
Declassification

S-E-C-R-E-T
(When Filled In)



Department of State • Department of Defense •
Agency for International Development • U. S. Information Agency

★
NATIONAL INTERDEPARTMENTAL SEMINAR
★

This is to certify that

[Redacted Name]

has successfully completed the seminar on
**PROBLEMS OF DEVELOPMENT
AND INTERNAL DEFENSE**
at the Foreign Service Institute, Washington, D.C.

March 22, 1958

W. TRACY ...
SIGNED OFFICIAL

Seminar Coordinator

Geo. L. ...
Director of FSI

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 3-68
80 hours, full time

Participant Office : WH

Year of Birth: Service Designation: D

Grade : GS-15 No. of Students

EOD Date : June 1952

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

APR 1968

Date

S-E-C-R-E-T

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 060389	
SECTION A GENERAL					
1. NAME		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-15	D
6. OFFICIAL POSITION TITLE Ops Officer D Ch			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG	8. CURRENT STATION WASH., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISORIAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			19 Feb 66 - 31 March 67		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
See attached memorandum.					
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
20 JUN 1967 OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign-language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 14 3 27 11 '67

See attached memorandum.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
12		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
1 May 1967	Chief, WH/COG	Thomas J. Flores
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur. Mr. [] is one of the relatively few Division officers who, having reached a senior position, still enjoys making recruitments and handling agents. He will be going to the field during the next calendar year to a senior assignment.		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
12 June 1967	Deputy Chief, WH Division	Jacob D. Esterline

SECRET

SECRET

MEMORANDUM FOR THE RECORD

SUBJECT: Memorandum in Lieu of Fitness Report -
Mr. [REDACTED]

1. Mr. [REDACTED] reported to WH/Cuban Operations Group in February 1966 and immediately took over the functions of Chief of the FI Branch. This Branch is concerned with the conduct of positive intelligence operations on a world-wide basis [REDACTED] target. A small proportion of these operations were conducted directly from Headquarters (including the [REDACTED]). The larger number of these operations was conducted through [REDACTED] supervision involved the provision of staff support and guidance and extensive dealings with other Divisions and, to a lesser degree, with [REDACTED] Mr. [REDACTED] took hold of these duties quickly and forcefully and carried them out effectively and efficiently.

2. In July 1966, Mr. [REDACTED] was appointed Deputy Chief of the Cuban Operations Group. In this role his duties involved supervision of the totality of the operational effort, including FI, CI, [REDACTED] and [REDACTED]. Again, Mr. [REDACTED] undertook his broader duties forcefully and efficiently. He has shown qualities of leadership and good managerial skills in dealing with personnel and organizational matters.

3. During this period, Mr. [REDACTED] has primarily been interested in substantive operational matters. He has carried out efficiently and promptly those staff functions which I have assigned to him, but I detect a certain lack of interest in these. Probably this reflects his most outstanding ability and consuming interest in the real heart of our activities-- the production of intelligence and in the conduct of actions against our target. He has participated personally in several operations and is one of the relatively few senior officers who delights in handling agents and making recruitments.

SECRET

SECRET

4. Mr. [] is conscientious and economical in the use of operational assets, manpower and money. He is married to a charming young woman who is socially active, entertains well and is a real asset in representational activities.

5. Mr. [] Spanish is fluent and colloquial, and in combination with his extensive understanding of Latin America and its people contributes enormously to his effectiveness.

Thomas J. Flores
Thomas J. Flores
Chief, WII/COG

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER 060,310	
SECTION A GENERAL						
1. NAME		2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
6. OFFICIAL POSITION TITLE Supt. Officer - CH			7. OFFICER OF ASSIGNMENT W. J. G. E.		8. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P. 31 MAY 1966			12. REPORTING PERIOD (From - to) 1 December 1965 - 10 February 1966			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						RATING LETTER
SPECIFIC DUTY NO. 1 SEE SECTION C.						
SPECIFIC DUTY NO. 2						RATING LETTER
SPECIFIC DUTY NO. 3						RATING LETTER
SPECIFIC DUTY NO. 4						RATING LETTER
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER

SECRET

(When Filled In)

SECTION C

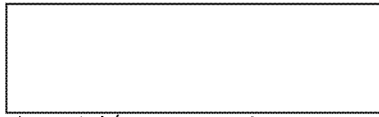
NARRATIVE COMMENTS

Office of Plans

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major assignments and best consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra sheets are needed to complete Section C, attach a separate sheet of paper.

Subject's last fitness report covered the period April - November 1965, while assigned to [redacted] he departed the Station 1 December 1965, arrived headquarters 13 December and was on home leave until his reassignment to DDP/III Division on 16 February 1966. Therefore, no evaluation can be submitted on Subject's performance during that period. After 16 February 1966 his evaluations should be handled by DDP/III.

MAIL ROOM



LC/Personnel
European Division
30 September 1966

SECTION D


CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE

SECRET

SECRET

(WHEN FILLED IN)

CERTIFICATION OF LANGUAGE PROFICIENCY																
1. EMPLOYER NO.		2. NAME (LAST-FIRST-MIDDLE)				3. TYPE CHANGE		4. LANGUAGE DATA PRIOR TO TEST								
						A=ADD C=CHANGE D=DELETE		CODE	LAN. CODE	R	W	P	S	U	I/T	YEAR
5. LANGUAGE DATA AFTER TEST					6. DATE TESTED		7. DATE OF BIRTH		8. GRADE		9. OFFICE OR DIVISION					
LAN. CODE	R	W	P	S	U	I/T	YEAR									
							04/11/67			15	WH					
NOTICE TO PERSON TESTED																
10. ON THE DATE SHOWN IN ITEM 6 ABOVE, YOU WERE TESTED IN <u>SPANISH (NEW WORLD) BL18</u> AND YOUR TEST SCORES ARE AS FOLLOWS: (NAME OF LANGUAGE)																
READING		WRITING		PRONUNCIATION		SPEAKING		UNDERSTANDING		TEST RATINGS			1 = ZERO 1 = INTERMEDIATE 2 = SLIGHT 2 = HIGH 3 = ELEMENTARY 3 = NATIVE			
I		+		II		II		II								
11. REMARKS								12. SIGNATURE								
CODED IS QUALIFICATIONS DATE																
								13. LD NUMBER								
					1655											

FORM 11-64 1273

OBsolete PREVIOUS EDITIONS

(16-65)

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

1 - OP/98

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				060389	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		
Deputy Chief of Station			DDP/WE		
9. CHECK IN TYPE OF APPOINTMENT			10. CHECK IN TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			INITIAL _____ REASSIGNMENT SUPERVISOR _____ ANNUAL _____ REASSIGNMENT EMPLOYEE _____ SPECIAL (Specify): _____		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 April 1965 - 15 November 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counselling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
In charge of [] operations of the [] Station					S
SPECIFIC DUTY NO. 2					RATING LETTER
Supports other WE stations in the conduct of their [] operations, [] of operational and intelligence interests.					S
SPECIFIC DUTY NO. 3					RATING LETTER
[]					S
SPECIFIC DUTY NO. 4					RATING LETTER
Drafts operational dispatches and cables.					S
SPECIFIC DUTY NO. 5					RATING LETTER
In charge of Station during absences of the Chief of Station					S
SPECIFIC DUTY NO. 6					RATING LETTER
[]					[]
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
24 JAN 1966					S

SECRET
(When Filled In)

JAN 21 2 48 PM '66

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. State recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is departing [redacted] for an assignment PCS Headquarters following a tour of over [redacted] years at the [redacted] Station. During the past three and one-half years he has headed up the Station's [redacted] operations, has acted as a coordinator of [redacted] activities in Western Europe and has actively participated in operations in support of other WE stations.

Starting completely from scratch, the Station was able, under Subject's able direction, to develop extensive operations against the

[redacted]

Subject is an officer of considerable energy and drive. He has a knack of [redacted] and [redacted] interesting contacts and much of the success of the Station's [redacted] program was due to his [redacted] connections in [redacted]. Subject was also able to [redacted] in connection with certain aspects of the over-all program which could not be handled [redacted].

Subject has shown himself to be "cost conscious" in the utilization of funds and manpower. His [redacted] unit of the Station was

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

1 Dec 65

SIGNATURE OF EMPLOYEE

/s/ [redacted]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

50

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

1 Dec 65

OFFICIAL TITLE OF SUPERVISOR

Chief of Station

TYPED OR PRINTED NAME AND SIGNATURE

/s/ [redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Having observed subject's work only from Headquarters, my evaluation of his performance is based entirely on the results and production which he and the section which he supervised achieved. During the rating period, the station's [redacted] operations were conducted vigorously with fine results. This report appears to be fair and objective.

DATE

10 Jan. 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WE/S

SECRET

SECTION C

NARRATIVE COMMENTS (continued)

composed (in addition to himself) of [redacted] officers and a secretary. Although he may be considered a "tough" supervisor in demanding the best of his subordinates, the record will show that he was able to build a very successful program.

During his tour at this Station, Subject made an important contribution toward the achievement of high priority targets. He is in every sense of the word an experienced, energetic and dedicated officer.

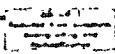
Since Subject's activities in support of other WE stations in the conduct of [redacted] operations were under the direction of Headquarters, the rating box for this specific duty has been left blank for completion by the appropriate Headquarters official.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				060389 ✓	
SECTION A			GENERAL		
1. NAME		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops Officer DCOS			DDP/WE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 May 1965			1 April 1964 - 31 March 1965		
SECTION B			PERFORMANCE EVALUATION		
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Supervises Station's operations.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Supports other WE stations in conduct of their operations, including of persons of operational and intelligence interest.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Coordinator of operations for					S
SPECIFIC DUTY NO. 4					RATING LETTER
					S
SPECIFIC DUTY NO. 5					RATING LETTER
Drafts operational dispatches and cables.					S
SPECIFIC DUTY NO. 6					RATING LETTER
Assumes charge of Station during absence of Chief of Station.					S
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

FORM 157 OBSOLETE PREVIOUS EDITIONS.

SECRET



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective the relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

During the period under review Subject's activities in support of ^{MAY 19 3 11 PM '65} [redacted] and his responsibilities as Coordinator of [redacted] activities for [redacted] have kept him away from the [redacted] Station approximately one half of the twelve month period. Since these activities were under the direction of Headquarters, and not this Station, the rater does not feel qualified to comment on Subject's performance of Specific Duties 2 and 3 and has therefore left those rating boxes blank for completion by the appropriate Headquarters' official.

With respect to Specific Duty 1, supervision of Station's [redacted] operations, Subject has applied himself aggressively and imaginatively to this task and the rater feels that Station's [redacted] operations have been maintained at a high level and have been an important contribution to KUBARK's world-wide effort against this priority target. Obviously Subject's frequent and prolonged absences from the Station have not permitted him to give this task his undivided attention or the day-to-day continuity that is so necessary and important.

In the conduct of the Station's [redacted] operations Subject has direct supervision of [redacted] officers, [redacted] full time and [redacted] part time [redacted] officer, and a secretary. Subject is an efficient organizer and supervisor. He thinks and writes clearly. He is fluent in Spanish. In the conduct of the extensive [redacted] operations he has shown himself to be

SECTION D

CERTIFICATION AND COMMENTS

(Cont'd.)

1. BY EMPLOYEE
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
1 April 1965	/s/ [redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
1 April 1965	Chief of Station	/s/ [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL
I know subject and am thoroughly familiar with his work and performance. I concur in this report with one exception, namely the rating given subject for specific duty No. 6. Because of his travels which absented him from the Station for one-half of the past year, subject's performance was inadequately qualified to take charge of the station in the absence of the COS. Specializing on [redacted] operations entirely, he has but a limited knowledge of the station's other activities and considering only the effectiveness of his performance of this duty, I could not rate him higher than P. This is not a comment on his capability but rather an evaluation of his effectiveness in performance of this particular duty.

DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL
12 May 1965	Chief, NE/S

SECTION C - (Cont'd.)

"cost conscious" both with respect to the commitment of funds and the utilization of man power. In a word, Subject is an experienced, energetic and dedicated officer.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				60389	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
			M	GS-15	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Ops. Officer			DDP/WE/		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> INITIAL	REASSIGNMENT SUPERVISOR	
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT EMPLOYER	
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- To-)		
31 May 1964			1 April 1963 - 31 March 1964		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 In charge of Station's operations. Responsible for planning directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through operations conducted and					RATING LETTER S
SPECIFIC DUTY NO. 2 FROM Supports other WE Stations in conduct of their operations, including assessment, recruitment, debriefing and briefing of persons of operational and intelligence interest, as well as and					RATING LETTER S
SPECIFIC DUTY NO. 3 FOR Conducts personal on matters of mutual interest.					RATING LETTER S
SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables.					RATING LETTER S
SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station.					RATING LETTER S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the Rating Box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
4 MAY 1964					

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p> <p>During the period under review Subject's duties and activities have continued to be concentrated on the [] target. Subject's performance of those duties has been eminently satisfactory and have received the recognition and commendation of Headquarters. Subject is an all-round operations officer with considerable experience and no significant weaknesses. His strengths are his aggressive approach to his operational responsibilities, his sound judgment and his complete dedication to duty. Due to Subject's energy and imagination the [] Station has been able to develop a highly effective and well-balanced program of [] operations. In addition Subject has spent a good part of his time in support of high level [] operations outside of [] assignments which he has carried out with a high degree of professionalism and success. In every sense Subject can be classified as a man of action.</p> <p>In the conduct of the [] operations Subject has direct supervision of [] [] officer, and one secretary. In addition he maintains indirect supervision of a [] center, an [] shop and all activities relating to the [] and [] to the target country. Subject maintains contact with [] whose cooperation and support are needed for a good part of our overall operations and the excellent cooperation we have received from those [] attests to the skill of Subject. Subject, of course, is fluent in Spanish. His drafting of cables and dispatches is excellent. Subject has at all times exhibited cost consciousness in the planning and execution of his operational responsibilities. In a word Subject is an excellent officer and a credit to the organization in every respect.</p>			
SECTION D CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
15 April 1964	/s/ []		
2. BY SUPERVISOR			
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
15			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 April 1964	Chief of Station	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
The reviewing official concurs in the high evaluation given this officer. He is a hard-driving, dedicated individual who is completely dedicated to his present task and assignment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TURE	
24 April 1964	Chief, WE/5		

MAY 1 12 20 PM '64

SECRET
(When Filled In)

FITNESS REPORT			EMPLOYEE SERIAL NUMBER 60289		
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX M	4. GRADE GS-15	5. SD D
6. OFFICIAL POSITION TITLE Operations Officer			7. OFF. DIVISION OF ASSIGNMENT WIS		
8. CHECK (X) TYPE OF APPOINTMENT			9. CURRENT STATION		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 May 1963			12. REPORTING PERIOD (From - to) 1 April 1962 - 31 March 1963		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 In charge of Station's [] operations. Responsible for planning, directing and supervising all activities relating to spotting, assessing and recruiting of agents; collection of intelligence through [] area, [] operations conducted with []					RATING LETTER S
SPECIFIC DUTY NO. 2 and from [] Supports other [] Stations in conduct of their [] operations, including assessment, recruitment, debriefing, and briefing of persons of operational and intelligence interest, as well as [] and [] to []					RATING LETTER S
SPECIFIC DUTY NO. 3 Conducts personal [] on matters of mutual interest					RATING LETTER P
SPECIFIC DUTY NO. 4 Drafts operational dispatches and cables					RATING LETTER S
SPECIFIC DUTY NO. 5 Assumes charge of Station during absence of the Chief of Station					RATING LETTER P
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
16 MAY 1963					

SECRET

(When Filled In)

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

During the period under review, Subject's duties and activities have been in the main devoted to the conduct of [redacted] operations. His performance of those duties has been characterized by vigor and imagination. Concrete results have been achieved. The Station's performance in connection with all phases of this top priority activity, carried out under Subject's supervision, has been the subject of commendatory comments from Headquarters. In addition to directing the Station's own [redacted] operations, Subject has been frequently called upon to support other [redacted] Stations in connection with various phases of their [redacted] operations, particularly in making both [redacted] and [redacted] to [redacted] for [redacted]. These assignments have been undertaken by Subject with much enthusiasm and a high degree of professionalism. As a matter of fact, Subject was away from [redacted] on these and similar missions for 120 days during calendar year 1962.

In the conduct of the [redacted] operations, Subject has direct supervision over [redacted] officers and indirect supervision of the [redacted] center, the [redacted] shop and all activities relating to the [redacted] and [redacted] of [redacted]. Through [redacted] with [redacted] and [redacted] he has been most successful in obtaining [redacted] cooperation in support of our operations. In addition, Subject has expended much of his after-hours time to maintaining [redacted].

Subject is fluent in Spanish. He is an efficient organizer and supervisor and thinks and writes clearly. In summary, he is an experienced, energetic and highly dedicated officer. While he is well qualified to take over his own Station, it is my hope, and recommendation, that he be given a second full tour here in [redacted]. In my opinion, it (continued in Part 3 below)

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 10 April 1963 SIGNATURE OF EMPLOYEE /s/ [redacted]

2. BY SUPERVISOR

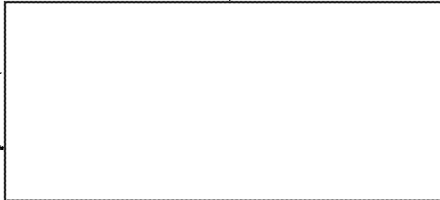
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 10 April 1963 OFFICIAL TITLE OF SUPERVISOR Chief of Station TYPED OR PRINTED NAME AND SIGNATURE /s/ [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL would be a great mistake to move him from [redacted] until and unless there is a drastic and favorable change in the [redacted] situation.

DATE 30 April 1963 OFFICIAL TITLE OF REVIEWING OFFICIAL AC/uc/S



SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 660389					
SECTION A GENERAL									
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE				
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT					
D		OPS Officer							
8. CAREER STAFF STATUS			9. TYPE OF REPORT						
NOT ELIGIBLE	MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR					
PENDING	DECLINED	DENIED	ANNUAL	REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From To		SPECIAL (Specify)					
		1 April - 31 Dec 61							
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding			
SPECIFIC DUTY NO. 1 Deputy Chief of Station		RATING NO. 6	SPECIFIC DUTY NO. 4 Develops and maintains [] with [] of [] for [] operations		RATING NO. 6				
SPECIFIC DUTY NO. 2 Directs all [] operations with [] and supervises Station officers engaged in [] duties		RATING NO. 6	SPECIFIC DUTY NO. 5 Supervises the operations of an [] []		RATING NO. 7				
SPECIFIC DUTY NO. 3 Personally conducts [] with a number of []		RATING NO. 7	SPECIFIC DUTY NO. 6 Develops, recruits and handles agents for [] operations		RATING NO. 5				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5/6				
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE									X
RESOURCEFUL									X
ACCEPTS RESPONSIBILITIES									X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X
DOES HIS JOB WITHOUT STRONG SUPPORT									X
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X	
WRITES EFFECTIVELY								X	
SECURITY CONSCIOUS								X	
THINKS CLEARLY									X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								X	
OTHER (Specify):									
SEE SECTION "B" ON REVERSE SIDE									

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is a strong officer from every important point of view. He is experienced, intelligent, alert, aggressive, extremely hard working and conscientious. He is never satisfied with the status quo but is constantly striving to acquire new operational assets or to improve the functioning or production of old or current projects. He is tough-minded and abundantly endowed with intellectual as well as physical courage. If he has any one weakness, it is his impatience with subordinate officers and employees who do not tackle their operational duties with the same degree of zeal that he himself applies. His direct and forceful manner in calling such shortcomings to the attention of case officers under his direction has, on infrequent occasions, caused some minor and transitory resentment. In most cases, however, it has also resulted in improvement in the attitude and performance of the officer in question.

Subject is especially effective in his dealings with [redacted] and the fact that our [redacted] with the [redacted] are currently on a cordial and more productive basis is due mainly to the thought, energy and time which Subject has devoted to this important activity. At the same time, subject has not permitted [redacted] considerations to inhibit the planning and development of [redacted] operations and agents. In this connection he has been especially effective in developing valuable assets for [redacted] operations.

Subject has an outgoing personality; makes friends easily, especially among [redacted]. He is a mature person who is respected by his Station colleagues and by the senior [redacted] and other agency representatives with whom he maintains contact. He has direct supervision over [redacted] officers and clerks. He is a good administrator. He writes effectively. (Continued on attached sheet)

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE: 12 January 1962 SIGNATURE OF EMPLOYEE: /s/ [redacted]

2. BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 4 months
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [redacted]
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON: [redacted]

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: [redacted] REPORT MADE WITHIN LAST 90 DAYS: [redacted]
OTHER (Specify): [redacted]
DATE: 12 January 1962 OFFICIAL TITLE OF SUPERVISOR: Chief of Station TYPED OR PRINTED NAME AND SIGNATURE: /s/ [redacted]

3. BY REVIEWING OFFICIAL
XX I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL
I fully endorse the evaluation and comments of the supervisor. Subject is noteworthy for his calculated aggressiveness, initiative and determination. His stewardship of the [redacted] Station while he was Acting Chief was commendable. He reports well, is reasonable, and in my opinion has fully earned promotion to GS-15.

DATE: 31 January 1962 OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief, WE... TYPED OR PRINTED NAME AND SIGNATURE: [redacted]

SECRET

SECRET

As a well rounded operations officer and administrator, Subject is qualified to run his own station and, in my opinion, it would be an injustice to him if he is not assigned as chief of a medium sized station when his service in [] is completed. It is my hope, however, that Subject will be given a second tour at [] when his current tour ends in October 1962.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
A. [Signature]				60389			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	
					Male	GS-14	
5. SERVICE DESIGNATION		6. OFFICIAL POSITION TITLE			7. OFF. DIV./BR OF ASSIGNMENT		
D					NS		
8. CAREER STAFF STATUS				9. TYPE OF REPORT			
<input type="checkbox"/> NOT ELIGIBLE		<input checked="" type="checkbox"/> MEMBER		<input type="checkbox"/> DEFERRED		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> PENDING		<input type="checkbox"/> DECLINED		<input type="checkbox"/> DENIED		<input checked="" type="checkbox"/> ANNUAL	
						<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	
						<input type="checkbox"/> REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.			11. REPORTING PERIOD		SPECIAL (Specify)		
31 Mar 1961			From 3 Oct 60 - 31 Mar 61 To				
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
1 - Unsatisfactory		2 - Barely adequate		3 - Acceptable		4 - Competent	
5 - Excellent		6 - Superior		7 - Outstanding			
SPECIFIC DUTY NO. 1 Deputy Chief of Station			RATING NO. 6	SPECIFIC DUTY NO. 4 Contacts with [redacted] of [redacted] in connection with operations in [redacted]			RATING NO. 7
SPECIFIC DUTY NO. 2 Directs all operations connected with [redacted] and supervises other officers conducting same			RATING NO. 6	SPECIFIC DUTY NO. 5			RATING NO.
SPECIFIC DUTY NO. 3 [redacted]			RATING NO. 7	SPECIFIC DUTY NO. 6			RATING NO.
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.							
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.							RATING NO. 5-6
SECTION D DESCRIPTION OF THE EMPLOYEE							
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee							
1 - Least possible degree		2 - Limited degree		3 - Normal degree		4 - Above average degree	
						5 - Outstanding degree	
CHARACTERISTICS				NOT APPLICABLE	NOT OBSERVED	RATING	
						1	2
						3	4
							5
GETS THINGS DONE							
RESOURCEFUL							X
ACCEPTS RESPONSIBILITIES							X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X
DOES HIS JOB WITHOUT STRONG SUPPORT							X
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X
WRITES EFFECTIVELY							X
SECURITY CONSCIOUS							X
THINKS CLEARLY							X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X
OTHER (Specify):							

SECRET
(When Filled In)

OFFICE OF PERSONNEL
JUN 1 2 49 PM '61

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

This officer, who is Deputy Chief of Station and also Chief of [redacted] directly supervises a sizeable number of personnel involved in joint operations with [redacted] and directs the operations in which they are engaged. In the comparatively short time he has been in this Station he has succeeded in making major advances in our [redacted] to the point where we can now accomplish considerably more than before his arrival. He is energetic, imaginative, gets things done, and works round the clock — his off duty hours he employs mainly in [redacted] and other operational relationships. Furthermore, unlike some officers in [redacted] he is also most active developing [redacted] operations. As for his qualities as a deputy, suffice it to say that he is the best deputy I have had in my entire career with this organization — a truly outstanding officer, as reflected in the numerical ratings I have given him, whom I would be glad to have with me any place I may be assigned.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE: 5 May 1961 SIGNATURE OF EMPLOYEE: /s/ [redacted]

2. BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 7
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON:

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS: [redacted] REPORT MADE WITHIN LAST 90 DAYS: [redacted]
OTHER (Specify):

DATE: 5 May 1961 OFFICIAL TITLE OF SUPERVISOR: [redacted] TYPED OR PRINTED NAME AND SIGNATURE: /s/ Archibald B. Roosevelt

3. BY REVIEWING OFFICIAL
I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL:
As new to the [redacted] relatively short time in his present job, I do not feel sufficiently familiar with his performance to comment.

DATE: 17 May 1961 OFFICIAL TITLE OF REVIEWING OFFICIAL: [redacted] TYPED OR PRINTED NAME AND SIGNATURE: [redacted]

SECRET
(When Filled In)

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. GRADE
 5. SERVICE DESIGNATION 6. OFFICIAL POSITION TITLE 7. OFF/DIV/BR OF ASSIGNMENT
 8. CAREER STAFF STATUS 9. TYPE OF REPORT
 10. DATE REPORT DUE IN O.P. 11. REPORTING PERIOD From To SPECIAL (Specify)
 12. INITIAL REASSIGNMENT/SUPERVISOR ANNUAL X REASSIGNMENT/EMPLOYEE

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding

SPECIFIC DUTY NO. 1 Read, study and prepare for assignment to [] as Chief of [] and DCOS []	RATING NO. 5/6	SPECIFIC DUTY NO. 4	RATING NO.
SPECIFIC DUTY NO. 2 Handle specific operational traffic involving WH activities in or related to []	RATING NO. 5	SPECIFIC DUTY NO. 5	RATING NO.
SPECIFIC DUTY NO. 3 Prepare an assessment and plan for []	RATING NO. 5	SPECIFIC DUTY NO. 6	RATING NO.

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.	RATING NO. 5
2 - Performance meets most requirements but is deficient in one or more important respects.	
3 - Performance clearly meets basic requirements.	
4 - Performance clearly exceeds basic requirements.	
5 - Performance in every important respect is superior.	
6 - Performance in every respect is outstanding.	

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree 2 - Limited degree 3 - Normal degree 4 - Above average degree 5 - Outstanding degree

CHARACTERISTICS	NOT APPL. CABLE	NOT OB. SERVED	RATING					
			1	2	3	4	5	
GETS THINGS DONE							X	
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES								X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X	
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY							X	
SECURITY CONSCIOUS					X			
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND CLOSING OF RECORDS							X	
OTHER (Specify):								

SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

In the limited period covered by this report Mr. [redacted] ^{MAIL ROOM} exhibited a professional competence based on experience. He accepted direction willingly and evidenced maturity and balance.

MAIL ROOM

Given the limited time on the desk and the preparatory nature of his tasks, there is no firm basis for judging his ability to handle subordinates or to make major substantive decisions. Available evidence, however, indicates no major weaknesses, and indeed, gives promise of considerable capacity.

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

4 THE [redacted] IS IN [redacted]

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify) TYPED OR PRINTED NAME AND SIGNATURE

DATE OFFICIAL TITLE OF SUPERVISOR THOMAS F. THIELE

3. BY REVIEWING OFFICIAL
X I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.

I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT MAKE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL

3 May 61 AD Chief, VE

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 560389					
SECTION A GENERAL									
1. NAME		2. DATE OF BIRTH		3. SEX M	4. GRADE GS-14				
8. SERVICE DESIGNATION D		8. OFFICIAL POSITION TITLE IO CI		7. OFF/DIV/BR OF ASSIGNMENT DDP/CI/ICD					
8. CAREER STAFF STATUS			9. TYPE OF REPORT						
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE				
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT/SUPERVISOR	<input type="checkbox"/> REASSIGNMENT/EMPLOYEE				
10. DATE REPORT DUE IN O.P. 30 April 1960		11. REPORTING PERIOD 8 March 59 - 31 March 60		SPECIAL (Specify)					
SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding			
SPECIFIC DUTY NO. 1 Supervision of CI/ICD Branch IV (WH). <input type="checkbox"/> research officers and <input type="checkbox"/> clerk-typist		RATING NO. 5	SPECIFIC DUTY NO. 4 Review of WH Projects re CP operations; making of appropriate recommendations.		RATING NO. 5				
SPECIFIC DUTY NO. 2 Guidance & support of CP operations in WH, at Headquarters		RATING NO. 5	SPECIFIC DUTY NO. 5		RATING NO.				
SPECIFIC DUTY NO. 3 Direct, on-the-scene (TDY) support of CP operations in the field		RATING NO. 5	SPECIFIC DUTY NO. 6		RATING NO.				
SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.									
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					RATING NO. 5				
SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE								X	
RESOURCEFUL								X	
ACCEPTS RESPONSIBILITIES									X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								X	
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X	
WRITES EFFECTIVELY							X		
SECURITY CONSCIOUS								X	
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND EXPOSING OF RECORDS								X	
OTHER (Specify):									

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Williamson is very energetic and enthusiastic. He maintains excellent working relations with the WH Division. He has performed special operational tasks in the Field at the specific request of Chief, WHID. He is particularly well qualified for [redacted] work in a Spanish-speaking country (e.g. [redacted] or an important Latin American country).

OFFICE OF PERSONNEL
FEB 24 3 07 PM '60
MAIL ROOM

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 18 Feb 1960 SIG [redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 14 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS REPORT MADE WITHIN LAST 90 DAYS OTHER (Specify):

DATE 18 Feb 60 OFFICIAL TITLE OF SUPERVISOR Deputy Chief, CI/ICD TYPED OR PRINTED NAME [redacted]

3. BY REVIEWING OFFICIAL

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 18 Feb 60 OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, CI/ICD SIGNATURE [redacted]

SECRET

Recorded by
CSPD

27 NOV 1959

[Handwritten signature]

24 November 1959

MEMORANDUM FOR: CS/Career Service Panel/Section A

SUBJECT: Fitness Report -

A fitness report was due on Mr. for the period 31 March 1959. Mr. was assigned to the CI Staff on 8 March 1959 after completion of an overseas tour with WH Division. A fitness report for the CI Staff for such a short period of time would serve no useful purpose.

c/CI/Support

SECRET

VIA: AIR
(SPECIFY AIR OR SEA ROUTE)

DISPATCH NO. HAH-T-143

WIT-7

CONFIDENTIAL
CLASSIFICATION

TO : Chief, WMD
FROM : Chief of Station, Habana *SFR*
SUBJECT: GENERAL— Administrative/Personnel

DATE: 4 September 1958

SPECIFIC— Field Fitness Report - [REDACTED]

Reference: HAH-A-4049, 21 November 1957

Action Required: None; for Headquarters' information only

There has been no material change in the duties or performance of [REDACTED] since the submission of his last annual Field Fitness Report. Therefore, the above report, which was forwarded in the reference, may also be considered as the writer's final fitness report on [REDACTED]

[REDACTED]

Distributions:
3 - Headquarters
2 - Files

[REDACTED]

SFR/mnr

3 September 1958

Field File Control [initials] 15 SEP 1958
155026

SD-DF

CONFIDENTIAL
CLASSIFICATION

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any portion. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

SECTION A.

GENERAL

1. NAME [Redacted] (Middle)	2. DATE OF BIRTH [Redacted]	3. SEX M	4. SERVICE DESIGNATION DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/WA/Habana Station		6. OFFICIAL POSITION TITLE Deputy Chief of Station	
7. GRADE GS-14	8. DATE REPORT DUE IN OP 30 September 1957	9. PERIOD COVERED BY THIS REPORT (Inclusive dates): 30 September 1956 - 30 September 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT-SUPERVISOR	SPECIAL (Specify)
<input checked="" type="checkbox"/> ANNUAL		REASSIGNMENT-EMPLOYEE	

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

4. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	IF INDIVIDUAL IS RATED "I" IN CI OR D, A WARNING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	

3. THIS DATE: 15 November 1957

C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR: [Redacted]

D. SUPERVISOR'S OFFICIAL TITLE: Chief of Station

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY: [Signature] DATE: 21 Nov 57

Ported Pcs Control: [Signature]

Reviewed by PUS: [Signature] 12/11/57

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 29 Nov 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL [Signature]	C. OFFICIAL TITLE OF REVIEWING OFFICIAL C/W/10
---------------------------	---	---

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING OF GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him (ONLY) with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

- 1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
- 2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
- 3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEARINESS.
- 4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
- 5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS

SECRET

Dec 3 4 02 PM '57

7. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as a general duty who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	MAN AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGISTATIONS	MAINTAINS AIR-CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

OFFICE OF PERSONNEL
MAIL ROOM
Dec 3 4 02 PM '57
MAIL ROOM

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
--	--

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
Deputy Chief of Station	5	Handling agents and ops	5
	5	Reporting	4
CONTACT AND DEVELOPMENT OF OPERATIONAL ASSETS	6		

8. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Subject is an excellent Deputy Chief of Station. He is liked and respected by his co-workers in the Station and by superiors and colleagues in the establishment. His perseverance in developing and maintaining operational contacts in all fields has paid dividends. He has contributed sound advice and operational know-how to all Station officers' operations and has maintained our on a productive basis. He is extremely thoughtful. He prefers (and excels at) operational work as contrasted to routine paper work.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual...productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents...and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE...BETTER AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF YES EXPLAIN WHY.

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision 90 OR LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the OI no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E.

GENERAL

Form with fields for NAME (Last, First, Middle), DATE OF BIRTH, SEX (M, F), SERVICE DESIGNATION (DI, etc.), OFFICE/BRANCH OF ASSIGNMENT, OFFICIAL POSITION/TITLE, GRADE, DATE REPORT DUE IN OI, PERIOD COVERED BY THIS REPORT, TYPE OF REPORT (Check one), INITIAL, REASSIGNMENT SUPERVISOR, REASSIGNMENT EMPLOYEE, SPECIAL (Specify).

SECTION F.

CERTIFICATION

Form with fields for SUPERVISOR'S CERTIFICATION (I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED) and REVIEWING OFFICIAL'S CERTIFICATION (I HAVE REVIEWED THIS REPORT AND NOTED ANY DEFICIENCIES IN ATTACHED MEMO).

SECTION G.

ESTIMATE OF POTENTIAL

Form for ESTIMATE OF POTENTIAL, including a list of 7 potential levels and a descriptive situation table.

2. SUPERVISORY POTENTIAL
DEFINITION: Answer this question: Has this person the ability to be a supervisor? [X] Yes [] No. If your answer is YES, indicate your opinion or guess of the level of supervisory ability this person will reach AFTER SLIGHT TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DEFINITION: Answer this question: Has this person the ability to be a supervisor? [X] Yes [] No. If your answer is YES, indicate your opinion or guess of the level of supervisory ability this person will reach AFTER SLIGHT TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Rows describe various supervisory levels from basic job to executive level.

SECRET

OFFICE OF PERSONNEL

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
4 1/2 months

4. COMMENT CONCERNING POTENTIAL

DEC 3 4 02 PM '57

Subject is qualified to have his own station

MAIL ROOM

SECTION II.

FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL

Training upon re-assignment

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

Subject is very adaptable - is single - and will accept assignment anywhere. His [redacted] duties, briefly suspended through no fault of his own, have been fully re-established.

SECTION I.

DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	5	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	5	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
5	6. SHOWS OWEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBEDIENT	4	28. HIS CRITICISM IS CONSTRUCTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
4	10. CAN COPE WITH EMERGENCIES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOCABLE TIME LIMITS	5	30. DOES NOT RECLINE STRONG AND CONTINUOUS SUPERVISION

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section "A" below.

SECTION A.

GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX M 4. SERVICE DESIGNATION DI
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DD: AM/Havana 6. OFFICIAL POSITION TITLE DCOS
7. GRADE GS-13 8. DATE REPORT DUE IN OP 30 September 1956 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 30 September 1955 - 30 September 1956
10. TYPE OF REPORT (Check one) X ANNUAL

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT. in field.
A. CHECK (X) APPROPRIATE STATEMENT(S):
X THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.
THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.
X I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.
B. THIS DATE 16 October 1956
C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
D. SUPERVISOR'S OFFICIAL TITLE Chief of Station

2. FOR THE REVIEWING OFFICER: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

Posted for [Signature] DATE 11/19/56 11/20/56

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.
A. THIS DATE 13 Nov 1956
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. C. KING
C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, WHD

SECTION C.

JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES
DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.
5 INSULT RATING NUMBER
1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF CARELESSNESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE. CARRIED OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS

SECRET

(When Filled In)

OFFICE OF PERSONNEL
 May 19 10 59 AM '56
 MAIL ROOM

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- State in the spaces below up to six of the more important SPECIFIC duties performed. Place the most important first. Do not include minor or unimportant duties.
- Note performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- For supervisors, ability to supervise will always be rated as a specific duty (do not rate as "supervisor" unless those who supervise a secretary only).
- Compare in your mind, when possible, the individual being rated with others performing the same or a similar level of responsibility.
- Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERVIEWS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES IND SERIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA

8. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

<p>DESCRIPTIVE RATING NUMBER</p> <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN HIGH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>
---	---

SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER
Deputy Chief of Station	5	Handling agents and operations	5
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5	RATING NUMBER
Liaison with Bureau of Investigations	5	Reporting	4
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6	RATING NUMBER
Contact and development of operational assets	6		

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Subject is outstanding in the development and maintenance of [redacted] He has a wide acquaintance [redacted] and [redacted] He has demonstrated administrative and executive ability. He prevents outside contact work to routine desk work.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO BISSNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO

EXPLAIN FULLY:

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL PERIOD on the employee, however, it MUST be completed and forwarded to the HQ no later than 30 days after the due date indicated in item 8 of Section F below.

SECTION E.

GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX M F 4. SERVICE DESIGNATION OI 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT DDP/AM/Havana 6. OFFICIAL POSITION TITLE DCOB 7. GRADE GS-13 8. DATE REPORT DUE IN OP 30 September 1956 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 30 September 1955 - 30 September 1956 10. TYPE OF REPORT (Check one) INITIAL [X] REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE SPECIAL (Specify)

SECTION F.

CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED. A. THIS DATE 16 October 1956 B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE Chief of Station 2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO. A. THIS DATE 13 Nov 1956 B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL J. C. KING C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief/HD

SECTION G.

ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES. DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work. 1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED 3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES 4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES 5 - WILL PROBABLY ADJUST TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING 6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL 7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES. RATING NUMBER 6

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? [X] Yes [] No. If your answer is YES, indicate below your opinion as to the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

Table with columns: DESCRIPTIVE RATING NUMBER, ACTUAL, POTENTIAL, and DESCRIPTIVE SITUATION. Rows describe various supervisory levels from first line to executive level.

SECRET

(When Filled In)

OFFICE OF PERSONNEL

NOV 19 10 53 AM '58

MAIL ROOM

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
25

4. COMMENTS CONCERNING POTENTIAL
Subject is capable of having a station of his own.

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
None at present.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS
Subject is simple and willing to go anywhere.

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "Category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
5	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITIES	5	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	5	24. WORKS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	5	15. RESPONDS WELL TO SUPERVISION	5	25. DISPLAYS JUDGEMENT
4	6. WANTS OTHERS TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STRONG SUPPORT	4	26. IS SECURITY CONSCIOUS
5	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VEGENTIVE
4	8. WISE WISEMAN FOR FACTS	4	18. IS OBEYANT	4	28. HIS INITIATION IS EFFECTIVE
4	9. GETS THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES OTHERS' PROGRESS IN HIS OFFICE
4	10. CAN WORK WITH SUBORDINATES	4	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	5	30. DOES NOT REQUIRE STRESS AND VENTURE AS PART OF HIS

SECRET

SECRET
(When Filled In)

FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It seeks to provide:
1. The organization selection board with information of value when considering the appointment of an individual for membership in the career staff, and
2. A periodic record of job performance and effective utilization.

1955 OCT 20 PM 2:34

CODED

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. If this individual has been under your supervision for less than 30 days, you will collaborate, if practicable, with his previous supervisors to make sure the report is accurate and complete. Primary responsibility rests with the current supervisor. It is assumed that, throughout the period this individual has been under your supervision, you have discharged your supervisory responsibilities by frequent discussions of his work, so that in a general way he knows where he stands.

A copy of report due 25 Mar 56

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

*CS 1100001
10/21/55*

SECTION I

LEAVE BLANK - FOR HEADQUARTERS USE ONLY		1. DATE OF BIRTH	2. SEX	3. SERVICE DESIGNATION
			M	ENGINEER D1
4. GRADE	3. STATION DESIGNATION (Current)			
GS-13	Intelligence Officer - KUTUBE			
6. DUE DATE OF THIS REPORT	7. PERIOD COVERED BY THIS REPORT (Inclusive dates)			
30 September 1955	30 September 1954 - 30 September 1955			

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. DATE ASSUMED RESPONSIBILITY FOR POSITION
Intelligence Officer - KUTUBE (Acting Deputy Chief of Station) 0136, J1	10 August 1955
3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)	
<ul style="list-style-type: none"> a. Acting Deputy Chief of Station b. Liaison with Bureau of Investigations c. Contacts and development of operational assets d. Handling agents e. Reporting 	

SECTION III (To be completed at headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF BUREAU (Print)	1. NAME OF REVIEWING OFFICIAL IN FIELD (Print)
3. THIS REPORT <input checked="" type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED	
4. DATE REPORT RECEIVED BY HEADQUARTERS	NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES
Oct 13, 1955	<i>J. King</i>

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

SECRET
(When Filled In)

SECTION IV

This section is provided as an aid in describing the individual. Your description of the individual or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. Each of these categories is divided into three small blocks; this is to allow you to make finer distinctions if you wish. The category in the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means you have the definite opinion that the description is not at all suited to the individual.

OFFICE OF PERSONNEL
MAIL ROOM

STATEMENTS	CATEGORIES						
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.	SAMPLES			X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.					X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.						X	
3. CAUTIOUS IN ACTION.					X		
4. HAS INITIATIVE.						X	
5. UNEMOTIONAL.						X	
6. ANALYTIC IN HIS THINKING.					X		
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.						X	
9. HAS SENSE OF HUMOR.						X	
10. KNOWS WHEN TO SEEK ASSISTANCE.						X	
11. CALM.						X	
12. CAN GET ALONG WITH PEOPLE.						X	
13. MEMORY FOR FACTS.					X		
14. GETS THINGS DONE.					X		
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.					X		
16. CAN COPE WITH EMERGENCIES.						X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.					X		
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.					X		
19. HAS WIDE RANGE OF INFORMATION.						X	
20. SHOWS ORIGINALITY.					X		
21. ACCEPTS RESPONSIBILITIES.					X		
22. ADMITS HIS ERRORS.					X		
23. RESPONDS WELL TO SUPERVISION.					X		
24. EVEN DISPOSITION.						X	
25. ABLE TO GET ON WELL WITH OTHERS.						X	

SECRET
(When Filled In)

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGNS ALL OTHER CONSIDERATIONS

No. _____ OFFICE OF PERSONNEL

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? NO YES. IF YES, IF "OCT 17" 9 52 AM '55

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL? MAIL ROOM
Additional experience in field and at Headquarters and refresher courses.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person).
I would be pleased to have Subject serve with me at any post.

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A,B,C,D

<p>A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.</p> <p><input type="checkbox"/> 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.</p> <p><input type="checkbox"/> 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPETENTLY.</p> <p><input type="checkbox"/> 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.</p> <p><input checked="" type="checkbox"/> 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.</p> <p><input type="checkbox"/> 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.</p> <p><input type="checkbox"/> 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.</p> <p>IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, WHAT?</p>	<p>C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.</p> <p><input type="checkbox"/> 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE ORGANIZATION... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.</p> <p><input type="checkbox"/> 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... IRRITATED BY RESTRICTIONS... REGARDS ORGANIZATION AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.</p> <p><input type="checkbox"/> 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... IRRITATED BY MINOR FRUSTRATIONS... WILL GOIT IF THESE CONTINUE.</p> <p><input type="checkbox"/> 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "HIT AND SEAT" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.</p> <p><input checked="" type="checkbox"/> 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.</p> <p><input type="checkbox"/> 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY, WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.</p> <p><input type="checkbox"/> 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER WORKING ANY PLACE BUT IN THE ORGANIZATION.</p>
<p>B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.</p> <p><input type="checkbox"/> 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.</p> <p><input checked="" type="checkbox"/> 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.</p> <p><input type="checkbox"/> 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.</p> <p><input type="checkbox"/> 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.</p> <p><input type="checkbox"/> 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.</p> <p><input type="checkbox"/> 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.</p>	<p>D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.</p> <p><input type="checkbox"/> 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.</p> <p><input type="checkbox"/> 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN THAT I HAD HIM.</p> <p><input type="checkbox"/> 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.</p> <p><input type="checkbox"/> 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.</p> <p><input checked="" type="checkbox"/> 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.</p> <p><input type="checkbox"/> 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.</p> <p><input type="checkbox"/> 7. EQUALLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.</p>

WH/6

FIELD FITNESS REPORT

The Fitness Report is an important factor in organization personnel management. It serves to provide:
1. The organization selection board with information of value when considering the application of an individual for membership in the career staff; and
2. A periodic record of job performance as an aid to the effective utilization of personnel.

INSTRUCTIONS

TO THE FIELD ADMINISTRATIVE OR PERSONNEL OFFICER: Consult current field administrative instructions regarding the initiation and transmittal of this report to headquarters.

TO THE FIELD SUPERVISOR: Read the entire form before attempting to complete any item. As the supervisor who assigns, directs and reviews the work of the individual, you have primary responsibility for evaluating his strengths, weaknesses, and on-the-job effectiveness as

revealed by his day-to-day activities. It is the individual's responsibility to be open and candid in his reports. You will collaborate with his previous supervisors to insure that the report is accurate and complete. ~~It is assumed that throughout the period this individual has been under your supervision, you have directed and reviewed his work and that in a general way you know where he stands.~~

F1
H

IT IS OPTIONAL WHETHER OR NOT THIS FITNESS REPORT IS SHOWN TO THE PERSON BEING RATED

SECTION I

LEAVE PLANS - FOR HEADQUARTERS USE ONLY		1. DATE OF BIRTH	2. GRADE	3. SERVICE DESIGNATION
			M	KUFIRE SD-F1
4. GRADE	5. STATION DESIGNATION (Current)			
GS-13	Intelligence Officer - KUFIRE			
6. DUE DATE OF THIS REPORT		7. PERIOD COVERED BY THIS REPORT (Inclusive dates)		
30 September 1954		17 June - 30 September 1954		

SECTION II (To be completed by field supervisor)

1. CURRENT POSITION	2. PERIOD OF PROBATIONARY PERIOD FOR POSITION
Intelligence Officer - KUFIRE 6-013651-11	14 Feb 54 19 January 1954 BAF-116
3. STATE THE SPECIFIC ASSIGNMENTS OR TASKS WHICH ARE TYPICAL OF THOSE GIVEN TO THE EMPLOYEE DURING THE PAST THREE TO SIX MONTHS (List in order of frequency)	
<ul style="list-style-type: none"> A. Liaison with Servicio de Inteligencia Militar and Buro de Investigaciones B. Contacts and development of operational assets C. Handling agents D. Reporting 	

SECTION III (To be completed at Headquarters only)

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

AUTHENTICATION OF REPORT AND SIGNATURES	
1. NAME OF RATER (True)	2. NAME OF REVIEWING OFFICIAL IN FIELD (True)
Robert E. WHEDBEE	
3. THIS REPORT <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT SHOWN TO THE INDIVIDUAL BEING RATED	
4. DATE REPORT AUTHENTICATED AT HQS.	5. NAME AND SIGNATURE OF ADMINISTRATIVE OR PERSONNEL OFFICER AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE FITNESS REPORT AND SIGNATURES
18 Jan 1955	g. King

DO NOT COMPLETE - FOR HEADQUARTERS USE ONLY

SECRET
(When Filled In)

SECTION IV

This section is provided as an aid in describing the individual. Your description is not favorable or unfavorable in itself but acquires its meaning in relation to a particular job or assignment. The descriptive words are to be interpreted literally.

On the left hand side of the page below are a series of statements that apply in some degree to most people. On the right hand side of the page are four major categories of descriptions. The scale within each category is divided into three small blocks; this is to allow you to make finer distinctions if you so desire. Look at the statement on the left - then check the category on the right which best tells how much the statement applies to the person you are rating. Placing an "X" in the "Not Observed" column means you have no opinion on whether a phrase applies to an individual. Placing an "X" in the "Does Not Apply" column means that you have the definite opinion that the description is not at all suited to the individual.

STATEMENTS	SAMPLES	CATEGORIES					
		NOT OBSERVED	DOES NOT APPLY	APPLIES TO A LIMITED DEGREE	APPLIES TO A REASONABLE DEGREE	APPLIES TO AN ABOVE AVERAGE DEGREE	APPLIES TO AN OUTSTANDING DEGREE
A. ABLE TO SEE ANOTHER'S POINT OF VIEW.				X			
B. PRACTICAL.						X	
1. A GOOD REPORTER OF EVENTS.					X		
2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES.						X	
3. CAUTIOUS IN ACTION.					X		
4. HAS INITIATIVE.					X		
5. UNEMOTIONAL.						X	
6. ANALYTIC IN HIS THINKING.				X			
7. CONSTANTLY STRIVING FOR NEW KNOWLEDGE AND IDEAS.					X		
8. GETS ALONG WITH PEOPLE AT ALL SOCIAL LEVELS.							X
9. HAS SENSE OF HUMOR.							X
10. KNOWS WHEN TO SEEK ASSISTANCE.						X	
11. CALM.					X		
12. CAN GET ALONG WITH PEOPLE.							X
13. MEMORY FOR FACTS.					X		
14. GETS THINGS DONE.						X	
15. KEEPS ORIENTED TOWARD LONG TERM GOALS.					X		
16. CAN COPE WITH EMERGENCIES.						X	
17. HAS HIGH STANDARDS OF ACCOMPLISHMENT.						X	
18. HAS STAMINA. CAN KEEP GOING A LONG TIME.						X	
19. HAS WIDE RANGE OF INFORMATION.							X
20. SHOWS ORIGINALITY.					X		
21. ACCEPTS RESPONSIBILITIES.						X	
22. ADMITS HIS ERRORS.					X		
23. RESPONDS WELL TO SUPERVISION.						X	
24. EVEN DISPOSITION.							X
25. ABLE TO DO HIS JOB WITHOUT STRONG SUPPORT						X	

C. INDICATE IF YOU THINK THAT ANY SINGLE STRENGTH OR WEAKNESS OUTWEIGHS ALL OTHER CONSIDERATIONS
No. See above.

JAN 24 12 38 PM '55

D. DO YOU FEEL THAT HE REQUIRES CLOSE SUPERVISION? NO YES. IF YES, WHY?
But his profligate nature makes him seek counsel and advice when he is quite capable of making the right decision himself.

E. WHAT TRAINING DO YOU RECOMMEND FOR THIS INDIVIDUAL?
Additional experience in the field and at Headquarters, plus refresher courses.

F. OTHER COMMENTS (Indicate here general traits, specific habits or characteristics not covered elsewhere in the report but which have a bearing on effective utilization of this person):

SECTION VI

Read all descriptions before rating. Place "X" in the most appropriate box under subsections A, B, C, & D

A. DIRECTIONS: Consider only the skill with which the person has performed the duties of his job and rate him accordingly.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
- 2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES COMPLETELY.
- 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEARINESS.
- 4. PERFORMS DUTIES IN A TYPICALLY COMPETENT, EFFECTIVE MANNER.
- 5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
- 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE RATER.

IS THIS INDIVIDUAL BETTER QUALIFIED FOR WORK IN SOME OTHER AREA? NO YES. IF YES, WHAT?

C. DIRECTIONS: Based upon what he has said, his actions, and any other indications, give your opinion of this person's attitude toward the organization.

- 1. HAS AN ANTAGONISTIC ATTITUDE TOWARD THE AGENCY... WILL DEFINITELY LEAVE THE ORGANIZATION AT THE FIRST OPPORTUNITY.
- 2. HAS STRONG NEGATIVE ATTITUDE TOWARD ORGANIZATION... IMPAIRED BY RESTRICTIONS... REGARDS AGENCY AS A TEMPORARY STOP UNTIL HE CAN GET SOMETHING BETTER.
- 3. TENDS TO HAVE AN UNFAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BOTHERED BY MINOR FRUSTRATIONS... WILL QUIT IF THESE CONTINUE.
- 4. HIS ATTITUDE TOWARD THE ORGANIZATION IS INDIFFERENT... HAS "WAIT AND SEE" ATTITUDE... WOULD LEAVE IF SOMEONE OFFERED HIM SOMETHING BETTER.
- 5. TENDS TO HAVE FAVORABLE ATTITUDE TOWARD ORGANIZATION... MAKES ALLOWANCES FOR RESTRICTIONS IMPOSED BY WORKING FOR ORGANIZATION... THINKS IN TERMS OF A CAREER IN THE ORGANIZATION.
- 6. DEFINITELY HAS FAVORABLE ATTITUDE TOWARD THE ORGANIZATION... BARRING AN UNEXPECTED OUTSIDE OPPORTUNITY... WILL PROBABLY ENDEAVOR TO MAKE A CAREER IN THE ORGANIZATION.
- 7. HAS AN ENTHUSIASTIC ATTITUDE TOWARD THE ORGANIZATION... WILL PROBABLY NEVER CONSIDER SORRING ANY PLACE BUT IN THE ORGANIZATION.

B. DIRECTIONS: Considering others of this person's grade and type of assignment, how would you rate him on potentiality for assumption of greater responsibilities normally indicated by promotion.

- 1. HAS REACHED THE HIGHEST GRADE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED.
- 2. IS MAKING PROGRESS, BUT NEEDS MORE TIME IN PRESENT GRADE BEFORE PROMOTION TO A HIGHER GRADE CAN BE RECOMMENDED.
- 3. IS READY TO TAKE ON RESPONSIBILITIES OF THE NEXT HIGHER GRADE, BUT MAY NEED TRAINING IN SOME AREAS.
- 4. WILL PROBABLY ADJUST QUICKLY TO THE MORE RESPONSIBLE DUTIES OF THE NEXT HIGHER GRADE.
- 5. IS ALREADY PERFORMING AT THE LEVEL OF THE NEXT HIGHER GRADE.
- 6. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR RAPID ADVANCEMENT.

D. DIRECTIONS: Consider everything you know about this person in making your rating... skill in job duties, conduct on the job, personal characteristics or habits, and special defects or talents.

- 1. DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED.
- 2. OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW.
- 3. A BARELY ACCEPTABLE EMPLOYEE... DEFINITELY BELOW AVERAGE BUT WITH NO WEARINESS SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION.
- 4. A TYPICAL EMPLOYEE... HE DISPLAYS THE SAME SUITABILITY AS MOST OF THE PEOPLE I KNOW IN THE ORGANIZATION.
- 5. A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS.
- 6. AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION.
- 7. EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION.

2. OPERATION'S OFFICER, (use officer for [REDACTED]) Developmental work on additional sources of intelligence information. Research work on leading [REDACTED] personalities to examine [REDACTED]

3. IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT, LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. None

4. PROFICIENCY IN FOREIGN LANG.	READING			SPELLING			UNDERSTANDING		
	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR
		X			X			X	

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS/ARE IN US-50 STATE: [REDACTED]
 TYPE OF DUTY: Operation Officer
 II II
 II II
 (LIST ONE OR MORE IN ORDER OF PREFERENCE)

6. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT - WHICHEVER IS LATEST?
 MARITAL STATUS: YES NO NUMBER OF DEPENDENTS: YES NO EMERGENCY ADDRESSEE: YES NO LEGAL ADDRESS: YES NO
 IF THE ANSWER TO ANY OF THE ABOVE IS YES, ATTACH A SEPARATE DETAILED REPORT IN DUPLICATE HERETO. IN THE CASE OF MARRIAGE, THE REPORT WILL INCLUDE NAMES, ADDRESSES, AND CITIZENSHIP OF SPOUSE, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHERS-IN-LAW AND SISTERS-IN-LAW.

1 June 1959
 DATE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT: DATE FROM 20 April '53 DATE TO 1 June '53
 OCCASION FOR REPORT: ANNUAL REASSIGNMENT OF REPORTING OFFICER PROPOSED REASSIGNMENT OF EMPLOYEE REPORTED ON COVERING INITIAL 90 DAYS OF EMPLOYMENT

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES NO IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? YES NO IF SO, WHAT DUTY OR DUTIES _____

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2? YES NO IF NO, EXPLAIN IN SECTION 11
 HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? YES NO DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? YES NO IF SO, TO WHAT GRADE AND FOR WHAT POSITION? Due to short time in field

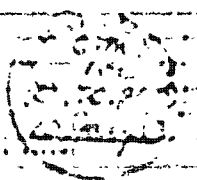
9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY. DO NOT LIMIT THIS COMPARISON TO THE OTHERS NOW UNDER YOUR SUPERVISION. DO NOT HESITATE TO MARK 'NOT OBSERVED' ON ANY QUALITY WHEN APPROPRIATE.

RATING FACTORS	NOT OBSERVED	UNSATISFACTORY	FAIR	GOOD	VERY GOOD	EXCELLENT	OUTSTANDING
A. ABILITY TO WORK AND GET ALONG WITH PEOPLE						X	
B. INTEREST AND ENTHUSIASM IN WORK						X	
C. SECURITY CONSCIOUSNESS						X	
D. ABILITY TO GRASP INSTRUCTIONS AND PLANS						X	
E. ATTENTION TO DUTY						X	
F. JUDGMENT AND COMMON SENSE						X	
G. ABILITY TO OBTAIN RESULTS AND GET THINGS DONE					X		
H. DISCRETION					X		
I. INITIATIVE						X	
J. ABILITY TO HANDLE AND DIRECT PEOPLE					X		
K. PERFORMANCE OF PRESENT DUTIES (ITEM 2)					X		
L. ABILITY TO EVALUATE INTELLIGENCE INFORMATION						X	
M. TACT						X	
N. SACACITY (IRON-GULLIBILITY)					X		
O. LEADERSHIP					X		
P. PHYSICAL STAMINA					X		
Q. MENTAL STAMINA					X		

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY PREFER NOT TO HAVE HIM? BE SATISFIED TO HAVE HIM? BE PLEASED TO HAVE HIM? PARTICULARLY NOT WANT HIM? TO HAVE HIM? TO HAVE HIM? TO HAVE HIM? DESIRE HIM?

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE. OUTSTANDING ASSETS AND/OR SERIOUS LIMITATIONS SHOULD BE STATED ALSO REASONS FOR AND RECOMMENDATIONS AS TO REASSIGNMENT WILL BE GIVEN IF APPROPRIATE TO THIS REPORT.

[REDACTED]



13 June 1959

THE SIGNATURE OF THE SUPERVISOR IS REQUIRED TO BE PLACED IN THE SPACE PROVIDED FOR THE SIGNATURE OF THE SUPERVISOR. THE SIGNATURE OF THE EMPLOYEE REPORTED ON IS NOT REQUIRED.

THIS REPORT IS THE PROPERTY OF THE DEPARTMENT OF DEFENSE AND IS LOANED TO YOU. IT AND ITS CONTENTS ARE NOT TO BE DISTRIBUTED OUTSIDE YOUR AGENCY.

Case officer for one A... developmental work on additional sources of intelligence information, research work on personalities to examine

IF COURSES OF INSTRUCTION WERE COMPLETED DURING PERIOD OF THIS REPORT. LIST TITLE, LOCATION OF SCHOOL, LENGTH OF COURSE AND DATE COMPLETED. none

Table with columns for proficiency in foreign languages (Spanish) and sub-columns for reading, speaking, and understanding skills.

5. MY PREFERENCE FOR NEXT DUTY AFTER TERMINATION OF CURRENT ASSIGNMENT IS: (IF IN US-50 STATE) Case officer

8. HAVE THERE BEEN ANY CHANGES IN PERSONAL STATUS SINCE ORIGINAL EMPLOYMENT OR LAST REPORT... MARITAL STATUS, NUMBER OF DEPENDENTS, EMERGENCY ADDRESSEE, LEGAL ADDRESS

14 May 1953 DATE

SECTIONS 7 THROUGH 11 TO BE COMPLETED BY IMMEDIATE SUPERVISOR

7. PERIOD COVERED BY THIS REPORT: 19 Jan. 20 April 1953 OCCASION FOR REPORT: ANNUAL REASSIGNMENT OF REPORTING OFFICER

8. IS THIS EMPLOYEE QUALIFIED TO PERFORM ALL PRESENT DUTIES? YES NO IS EMPLOYEE BETTER QUALIFIED FOR OTHER DUTIES? YES NO IF SO, WHAT DUTY OR DUTIES

DO YOU CONCUR IN EMPLOYEE'S DESCRIPTION OF DUTIES UNDER SECTION 2? YES NO IF NO, EXPLAIN IN SECTION 11 HAS EMPLOYEE STRIVEN FOR PROFESSIONAL IMPROVEMENT? YES NO DO YOU RECOMMEND EMPLOYEE FOR PROMOTION? YES NO IF SO, TO WHAT GRADE AND FOR WHAT POSITION?

9. FOR EACH FACTOR OBSERVED CHECK THE APPROPRIATE BOX TO INDICATE HOW THE EMPLOYEE COMPARES WITH ALL OTHERS OF THE SAME CLASSIFICATION WHOSE PROFESSIONAL ABILITIES ARE KNOWN TO YOU PERSONALLY.

Large table with 12 columns (Rating Factors A-O) and 7 rows (Not Observed, Unsatisfactory, Fair, Good, Very Good, Excellent, Outstanding).

10. INDICATE YOUR ATTITUDE TOWARD HAVING THIS EMPLOYEE UNDER YOUR COMMAND OR SUPERVISION. WOULD YOU DEFINITELY PREFER NOT TO HAVE HIM? BE SATISFIED BE PLEASED PARTICULARLY NOT WANT HIM? TO HAVE HIM? TO HAVE HIM? TO HAVE HIM? DESIRE HIM?

11. ENTER HERE ANY DESIRED REMARKS PERTAINING TO PARTICULAR QUALIFICATIONS OR LACK THEREOF WHICH ARE CONSIDERED PERTINENT TO THE EVALUATION OF THIS EMPLOYEE.

12. ADDITIONAL STATE TO BE ORDERED OTHER THAN DUTY... 13. ADDITIONAL STATE TO BE ORDERED OTHER THAN DUTY... 14. ADDITIONAL STATE TO BE ORDERED OTHER THAN DUTY...

UNDER NO CIRCUMSTANCES IS THIS REPORT TO BE LOANED TO THE EMPLOYEE REPORTED ON

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(When Filled In)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Handbook 20-4, Employee Conduct, dated 9 July 1970, and the information brochure for ADS returns, dated May 1964.

[Redacted Signature Box]

Signature

19 July 1971
Date

[Redacted Title Box]

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(When Filled In)

MEMORANDUM OF UNDERSTANDING

SECRET

*File under
NOTIFIED
in OPI*

14 June 1968

MEMORANDUM FOR: Director of Personnel

THRU: Chief, WH Personnel

SUBJECT: Immediate Family of

[Redacted]

[Redacted] It is hereby requested that Mrs. [Redacted] mother-in-law of the writer, be added to Agency personnel records as one of his dependents.

The writer is personally responsible for over 51% of Mrs. [Redacted] support which is reflected in his federal income tax returns.

[Redacted]

Deputy Chief, WH/COG

cc: C/WH Personnel

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate" carefully before you fill in the form.
 - Fill in BOTH COPIES of the form. Type or use ink.
 - Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
		60389		
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you WANT BOTH optional and regular insurance	<input type="checkbox"/>	(A)	ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.
Mark here if you DO NOT WANT OPTIONAL but do want regular insurance	<input checked="" type="checkbox"/>	(B)	DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.
Mark here if you WANT NEITHER regular nor optional insurance	<input type="checkbox"/>	(C)	WAIVER OF LIFE INSURANCE COVERAGE I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

DATE	
14 February 1968	

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

RECEIVED
OFFICE OF PERSONNEL
FEB 19 2 36 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1
JANUARY 1963
(For use only until April 14, 1968)
176-122

CONFIDENTIAL
(When filled in)

TRAINING REPORT

MANAGERIAL GRID SEMINAR (50 hours) DATES: 23-28 April 1967

Student : Office : WH

Year of Birth: Service Designation: D

Grade : 15 No. of Students :

EOD Date : June 1952

COURSE OBJECTIVES AND METHOD

Course objectives are to aid participants to: learn the managerial theories contained in the Grid; understand their personal managerial styles in Grid terms; evaluate convictions about managerial values; develop team action skills; increase candidness of communication; strengthen the use of critique for problem-solving and learning; and acquire an appreciation of Organization Culture and Development.

The method of learning offers a challenge to all participants regardless of level or experience. A Grid Seminar is not "taught" in the usual sense. In Grid teams, participants solve complex management problems. Objective solutions are made available. Individual and team performance is repeatedly assessed. Various measuring instruments are used to evaluate effectiveness.

Critique sessions assist each participant to understand how he might change his own behavior to increase his problem-solving effectiveness. Thus managers are not told the best way to manage, but they learn by convincing themselves.

About twenty to thirty hours of study are completed as prework. Insights gained are deepened and personalized during the intensive 50-hour Seminar.

ACHIEVEMENT RECORD

This is a certificate of attendance only. No attempt was made to evaluate student achievement in this course.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor /

17 MAY 1967

Date

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(When filled in)

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FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Last, first, middle initial only if SA)	DATE (From item 5-2)	NAME OF SUPERVISOR (If any)	DATE (From item 5-2)
	29 Sep 64		29 Sep 64

DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:
8 October 1964	OSMT-3550	

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
13 March 1915	KUTUBE	D/Chief of Station WS-15		

6A. DATE OF PCS ARRIVAL IN FIELD	6B. REQUESTED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
3 October 1960	10 November 1964	30 November 1964	9 December 1964

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:
None

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:
None

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-B)

D/Chief of Station
 Chief, [] Ops
 Coordinator for [] operational activities throughout WS area.

10. TRAINING DESIRED:
 INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS

Believe would profit from attending Senior seminars on CA and CP activities.

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

COS - WE or IA

Chief, Ops - At large station with diversified activities.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR. Present tour ends 3 Oct. 1964 and home leave has been approved.

EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STATE OR OFFICE.
1ST CHOICE WE 2ND CHOICE IA 3RD CHOICE EE

BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE WE 2ND CHOICE IA 3RD CHOICE EE

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject has done an outstanding job at this Station during his four years in [redacted]. I recommend that he be returned to this Station following home leave in view of the high priority given to his present duties and responsibilities and the obvious fact that the important program which he is now heading up would suffer greatly if he were to be rotated, at this time, to another assignment. When he is eventually transferred from [redacted] I feel strongly that he should be given a chief of station assignment within the Division in view of his consistently fine record, his experience, maturity and devotion to duty.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Mr. [redacted] desires for home leave and return to [redacted] for another tour has been discussed with the Secretary, CSPO/A, and he has been advised by WE Division that this has been approved.

DATE 2 Oct 1964 TITLE C/WE/PT SIGNATURE [redacted]

FOR USE BY CAPERS SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY C/WE who obtained approval for CSPO. CSPO was by phone or letter. Name of letter [redacted] has been notified. No details on other this FRP later by CSPO. TR Co. 10/12/64

SECRET

File

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE IN HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7 BELOW:

NAME OF EMPLOYEE (Print)	Date (from item 5-1)	NAME OF SUPERVISOR (Print)	DATE (from item 5-2)
[Redacted]	6 April 1962	[Redacted]	5 April 1962

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

DATE

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE AND GRADE	7A. DATE OF PCS ARRIVAL IN FIELD ON THIS TOUR
13 March 1919	GS-14	Deputy Chief of Station	3 October 1960
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE	7B. EXPECTED DATE OF DEPARTURE FROM PWLO	
	[Redacted]	MARCH 1962	
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR			7C. EXPECTED DATE OF ARRIVAL AT HEADQUARTERS PCS
None			

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Deputy Chief of Station, Chief, [Redacted] and Operations.

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

See item 8 above.

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

None at this time.

SECRET

<p>9. PREFERENCE FOR NEXT ASSIGNMENT (continued)</p> <p>C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:</p> <p><input type="checkbox"/> 1. RETURN TO MY CURRENT STATION</p> <p><input type="checkbox"/> 2. BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY. WITH RESPECT TO POSSIBLE ASSIGNMENT IN HEADQUARTERS, INDICATE CHOICE OF COMPONENT:</p> <p>1ST CHOICE <u>ME</u> 2ND CHOICE <u>WH</u> 3RD CHOICE <u>CI</u></p> <p><input type="checkbox"/> 3. BE ASSIGNED TO ANOTHER FIELD STATION. WITH RESPECT TO POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIFIC STATION, BASED ON QUALIFICATIONS:</p> <p>1ST CHOICE <input type="text"/> 2ND CHOICE <input type="text"/> 3RD CHOICE <input type="text"/></p>	
<p>10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS? INDICATE NUMBER OF WORK DAYS <u>20</u></p>	
<p>11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:</p> <p align="center"><i>None</i></p>	
<p>11A. INDICATE ANY CHANGE IN YOUR PERSONAL OR FAMILY SITUATION WHICH SHOULD BE CONSIDERED IN DETERMINING YOUR NEXT ASSIGNMENT</p> <p align="center"><i>None</i></p>	
<p>12. SIGNATURE. COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION</p>	
<p>13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>I strongly recommend that Subject return to this post for a second tour of duty. Additional training while on home leave in the United States is not deemed necessary.</p>	
<p>14. SIGNATURE. COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE CAREER SERVICE OFFICER OR PERSONNEL OFFICER AT HEADQUARTERS</p>	
<p>15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE COMPONENT TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:</p> <p>202 forwarded for record purposes. Extension already approved by Chairman, Personnel Management Committee.</p>	
<p>16. NAME OF CAREER SERVICE OFFICER OR PERSONNEL OFFICER</p> <p>DATE <u>5 October 1962</u></p>	<p><i>D</i></p>
FOR USE OF CAREER SERVICE	
<p>17. EMPLOYEE <input type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN NOTIFIED OF PLANNED REASSIGNMENT</p>	<p>18. REFERENCE DISPATCH NO. _____ CABLE NO. _____</p>
<p>19. TYPED OR PRINTED NAME</p>	<p>20. SIGNATURE</p>
<p>21. TITLE</p>	<p>22. DATE</p>
<p>23. COMMENTS</p> <p align="center"><i>Second tour exp 10 Oct 62.</i></p> <p align="center"><input type="text"/></p>	

SECRET

CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES AVAILABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FILE.

NAME OF EMPLOYEE (Last) (First) (Middle)

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN APPOINTED Auburn, N.Y. LAST PLACE OF RESIDENCY IN CONTINENTAL U.S. (If appointed abroad)

PLACE IN CONTINENTAL U.S., DESIGNATED AS PERMANENT RESIDENCE (Home Leave Address) Jacksonville, Fla (Legal residence) PLEASANT HILL, CALIF

2. MARITAL STATUS

CHECK (X) ONE: [X] SINGLE [] MARRIED [] SEPARATED [] DIVORCED [] WIDOWED [] ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE DATE OF MARRIAGE

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, INDICATE PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME OF SPOUSE NA ADDRESS (No., Street, City, Zone, State) TELEPHONE NUMBER

NAMES OF CHILDREN NA ADDRESS SEX AGE

NAME OF FATHER (Or male guardian) Deceased ADDRESS TELEPHONE NUMBER

NAME OF MOTHER (Or female guardian) Deceased ADDRESS TELEPHONE NUMBER

WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? None

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle) Mr. Relationship Brother

HOME ADDRESS (No., Street, City, Zone, State) Home Telephone Number Kansas City 19, Mo.

BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE BITTING OF YOUR AGENCY AFFILIATION? [] YES [X] NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? [] YES [X] NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? [] YES [X] NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 3 ON THE REVERSE SIDE OF THIS FORM

5. VOLUNTARY ENTRIES

INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS National Bank of Washington

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

My name only

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? YES NO. IF "YES", WHERE IS DOCUMENT LOCATED?

With me in my personal papers

HAVE YOU EXECUCED A POWER OF ATTORNEY? YES NO. IF "YES", WHO POSSESSED THE POWER OF ATTORNEY?

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

STARTED AT

DATE

SIGNATURE

CONFIDENTIAL

14 December 1959

TO: Chief, CI/Support
VIA: Deputy Chief, CI Staff
FROM: Chief, CI/ICD
SUBJECT:

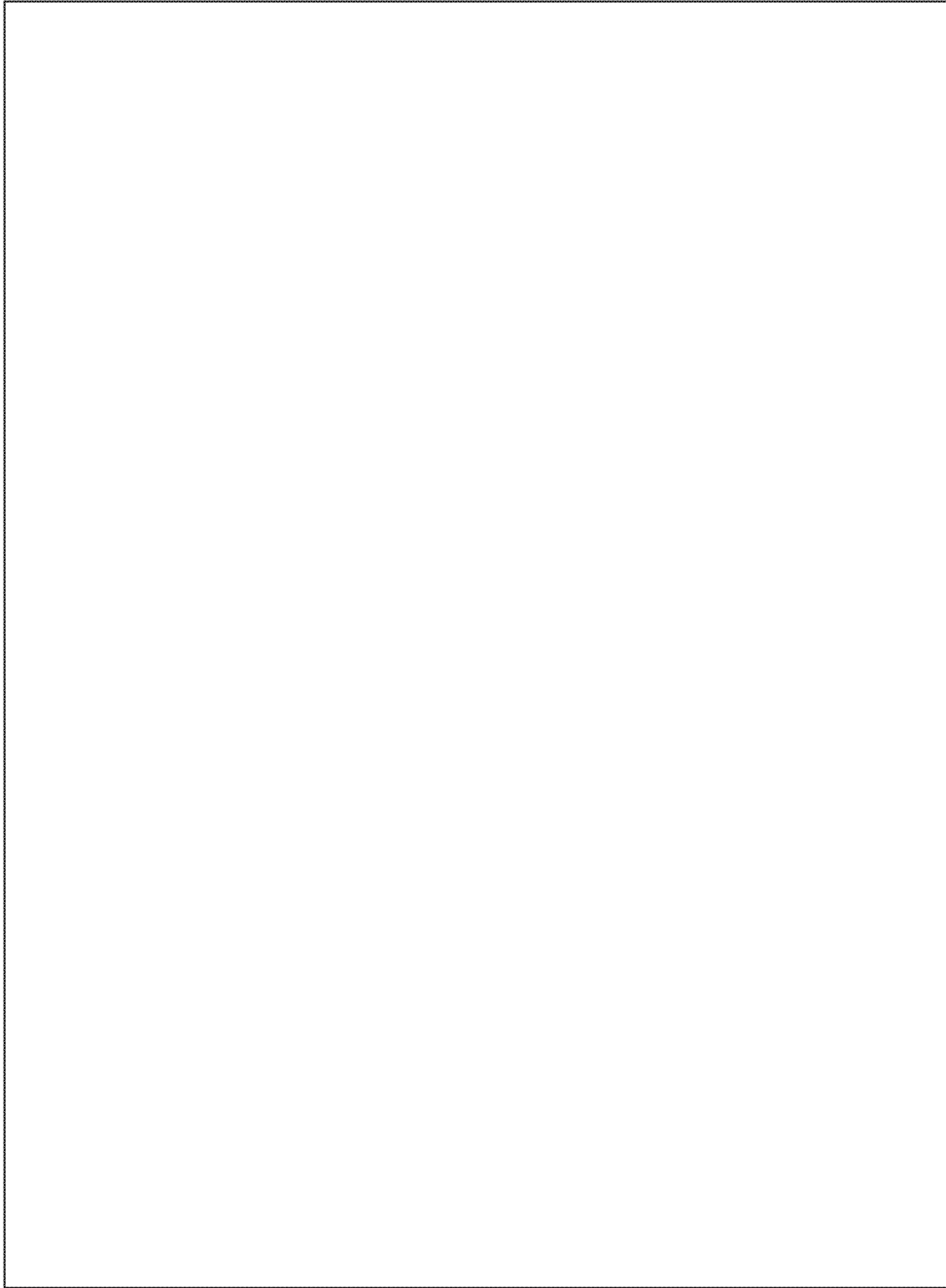
1. Subject is mentioned in a book by entitled Page 379 of this book is attached.

2. It is suggested that this be included in subject's personnel folder.

Attachment: (1)

published in 1959 by The New Bobbs-Merrill Company, an Associate of Howard W. Sams & Co., Inc. Indianapolis and New York

216
W.H. Merrill →



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (Last)

5 Dec 57

NAME OF SUPERVISOR (Last)

DATE (from item 2)

5 Dec 57

NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:

DATE

17 Dec 57

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH

2. GRADE

3. CURRENT POSITION TITLE

[Redacted]

GS-14

Deputy Chief of Station

4. SERVICE DESIGNATION (if known)

5. CURRENT STATION OR FIELD BASE

DI

Habana, Cuba

6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR

7. EXPECTED DATE OF DEPARTURE

None

July 1958

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form):

Deputy Chief of Station - supervise employees

[Redacted]

KUTUBE Operations Officer

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 8, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

1st Choice: See Item 8

2nd Choice: Office of the Inspector General

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Refresher Operations Course

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE: _____

2ND CHOICE: _____

3RD CHOICE: _____

JAN 20 3 01 PM '58
MAIL ROOM

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

INDICATE NUMBER OF WORK DAYS 30

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

None

12. SIGNATURE: COMPLETE ITEM NO. 5-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Subject is qualified to be Chief of Station. Recommend assignment as requested.

14. SIGNATURE: COMPLETE ITEM NO. 5-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM.

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

Recommend assignment Headquarters.

16. NAME OF SUPERVISOR

SIGNATURE

TITLE:

C/WH/III

DATE:

19 December 1957

17. REMARKS (additional comment)

SECRET

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointees

..... CIA
(Department or agency) (Bureau or Division) (Place of employment)

I, [redacted], do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

PURCHASE AND SALE OF OFFICE		COMPLETED BY EMPLOYEE		TELEPHONE EXT.	SECRET (WHEN FILLED IN)
NAME OF EMPLOYEE		EMPLOYEE SERIAL NO.	YES	NO	
RECORD OF OVERSEAS SERVICE 1451	INSTRUCTIONS	DO NOT WRITE IN COLUMN	DO NOT READ, STAMP, SIGN, OR MUTILATE		DO NOT WRITE IN COLUMN
	THIS FORM MUST BE RETURNED	WHERE SERVICE WAS PERFORMED	DATE	SERVICE NO.	REASON FOR U.S. GOVT. DEPT. OR AGENCY
	WHETHER YOU HAVE HAD OVERSEAS SERVICE OR NOT	125 Panama Canal Zone	10/28/46	2 Army	070
	PLEASE READ CAREFULLY INSTRUCTIONS ON ACCOMPANYING CARD. THEN FILL OUT THIS FORM AS ACCURATELY AS POSSIBLE	125 Panama Canal Zone	10/29/46	1 Canal Zone	670
	170 Cuba	10/23/48	1 Organization	10052	
[SEAL]		SECRET			

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State) _____ Wash. D.C.

2. (A) DATE OF BIRTH _____ (B) PLACE OF BIRTH (city or town and State or country) AUBURN, NEW YORK

3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY _____ (B) RELATIONSHIP Father (C) STREET AND NUMBER, CITY AND STATE AUBURN, NY (D) TELEPHONE NO. _____

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? YES NO
 If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	PAST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATION- SHIP	MAR- RIED (Check one)	SINGLE

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS	
			ITEM NO.	WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
1. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES? <i>If your answer is "Yes", give details in Item 10.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
3. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service, amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN DISCHARGED OR FORCED TO RESIGN FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date and reason in each case.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
5. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU WERE FINED \$25 OR LESS, OR FORFEITED COLLATERAL OF \$25 OR LESS) SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case (1) The date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his or her satisfaction that the appointment would be in conformity with the Civil Service Act, applicable Civil Service Rules and Regulations and Acts of Congress pertaining to appointment.

The form should be checked for holding of office, pension, suitability in connection with any record of record discharge or arrest, and particularly for the following:

(1) **Identity of appointee** - It is the duty of the appointing officer to guard against impersonation and to determine beyond reasonable doubt that the appointee is the same person whose appointment was authorized. The appointee's signature and handwriting are to be compared with the application and other pertinent papers. If the appointee has had in a previous examination the signature on the form should be compared with the signature on the declaration sheet, which was signed in the examination room. The physical appearance may be checked against the official certificate. The appointee may also be questioned on his personal history as approved with the previous statements.

(2) **Age** - If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such a determination is made, the appointment may not be consummated.

(3) **Competency** - The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) applicable acts. If an applicant constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointing officer should not be consummated until clearance has been secured from the existing office of the Civil Service Commission.

(4) **Members of Family** - Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under permanent or permanent appointment to the competitive service, no other member of such family is eligible for probationary or permanent appointment to the competitive service. The appointment of persons entitled to special preference are not subject to this requirement. The members of family previously does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.

STATEMENT OF FEDERAL CIVILIAN AND MILITARY SERVICE

UNIT

DIVISION

NAME (LAST) (FIRST) (MIDDLE) BRANCH SECTION

FEDERAL CIVILIAN SERVICE (BEGIN WITH THIS AGENCY AND FOLLOW IN REVERSE CHRONOLOGICAL ORDER)

AGENCY	LOCATION	FROM			TO			TOTAL SERVICE		
		DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.
CTA	Wash, DC	20	6	1952						
Canal Zone Gov	Pan Canal	2	2	1949	6	6	1952	5	4	3
Total Civilian Service								5	4	3

SEC - 11/2-142
verified 9/19/72

MILITARY SERVICE (INCLUDE ONLY PERIODS OF ACTIVE DUTY; DO NOT INCLUDE TERMINAL LEAVE)

BRANCH OF SERVICE	FROM			TO			TOTAL SERVICE			
	DA.	MO.	YR.	DA.	MO.	YR.	DA.	MO.	YR.	
U.S. ARMY	8	9	1942	6	2	1946	28	4	3	
U.S. ARMY	4	4	1946	2	2	1947	28	9	2	
Total Military Service								67	13	5

CERTIFICATION

I hereby certify that the above Civilian and Military service is complete and accurate to the best of my knowledge.

June 27, 1952

[Redacted Signature]

IV ADDRESS: (CONCERNING ACTIVE SERVICE)

[Redacted Address]

V FOR PERSONNEL OFFICE USE ONLY

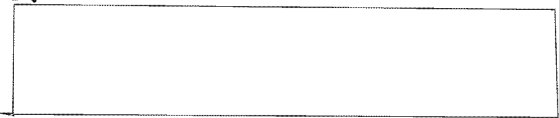
DATE OF DEPARTURE

DA.	MO.	YR.
2	7	9

1 * SUBC 164184

20 of 27 June 52 dh

FORM 57-1
1-28-51



If more space is required, use additional sheets of paper. Write on each sheet your name, address and date of birth. Identify each item, and attach to this application.

BUDG. BUREAU NO. 47-8071.3
APPROVAL EXPIRES August 31, 1954

1. a. NAME (Print)

[Empty box for name]

b. ADDRESS

[Empty box for address]

Washington D.C.

2. USE OF APPLICATION - Check one box below to indicate whether you wish this application to be considered for Foreign Service employment only, or for both Foreign Service and Departmental employment. Completion of this form is not required for Department employment only. Standard Form 57 must be filled out in any case.

FOREIGN SERVICE ONLY

FOREIGN SERVICE AND DEPARTMENTAL

3. PERMANENT ADDRESS (Place from which you will expect transportation of self and household effects, if any, if appointed to the Foreign Service)

Balboa, Canal Zone

4. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED? IF A NATURALIZED CITIZEN, GIVE PLACE, DATE, AND NUMBER OF NATURALIZATION CERTIFICATE. (Section 11 on Form 57).

NA

5. a. ARE YOU NOW INVOLVED IN ANY LITIGATION OR SEPARATION AGREEMENT? YES NO
b. DO YOU KNOW OF ANY PROSPECTIVE LITIGATION IN WHICH YOU MAY BE INVOLVED? YES NO
(Give details, if answer is yes to a. or b.)

6. WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT FOR OVERSEAS EMPLOYMENT? (Exclusive of allowances) \$ _____ PER YEAR

7. WHAT RESTRICTIONS ARE THERE, IF ANY, ON YOUR IMMEDIATE AVAILABILITY FOR DUTY IN ANY PART OF THE WORLD?

None

8. a. FULL NAME OF SPOUSE (If wife, give maiden name)

None

b. DATE OF BIRTH

c. PLACE OF BIRTH (City, State or Province, and Country)

9. a. IF BORN OUTSIDE THE UNITED STATES, HOW WAS CITIZENSHIP ACQUIRED?

b. IF NATURALIZED, GIVE PLACE, DATE, AND NO. OF NATURALIZATION CERTIFICATE.

9. NAMES OF DEPENDENTS	RELATIONSHIP	DATE OF BIRTH	WILL RESIDE WITH YOU OVERSEAS	
			YES	NO
None				

10. a. FATHER'S NAME

[Empty box for father's name]

b. PRESENT ADDRESS

[Empty box for address] Auburn, N.Y.

c. PLACE OF BIRTH

Auburn, N.Y.

11. a. MOTHER'S NAME (Maiden)

[Empty box for mother's name]

b. PRESENT ADDRESS

Deceased

c. PLACE OF BIRTH

Auburn, N.Y.

12. IF PARENTS BORN OUTSIDE THE UNITED STATES, DID THEY EVER OBTAIN UNITED STATES CITIZENSHIP? (Check one) FATHER

YES

NO

MOTHER

YES

NO

13. HAVE YOU EVER APPLIED FOR A POSITION WITH THE DEPARTMENT OF STATE OR THE DEPARTMENT OF COMMERCE AS AN EXAMINEE FOR A POSITION WITH THE DEPARTMENT OF STATE?

YES

NO

If "Yes" give date, nature of position applied for, and kind of examination taken, if any.

14. RELATIVES NOW RESIDING IN FOREIGN COUNTRIES:

NAME	RELATIONSHIP	ADDRESS
None		

15. FOREIGN LANGUAGES (Reference Item 14 on Form 57)
 State and indicate the extent of your competence, i.e. Excellent, Good, Fair

A. LANGUAGE	B. READ	C. WRITE	D. SPEAK	E. UNDERSTAND
Spanish	Good	Good	Good	Good

16. LIST PRESENT OR FORMER FOREIGN CONNECTIONS:

A. BUSINESS
 B. EMPLOYMENT
 C. MILITARY

17. DATES AND PLACES OF RESIDENCE FOR LAST 10 YEARS

DATES	STREET AND NUMBER	CITY	STATE OR COUNTRY
1948-52	0824 Arcadia Pl.	Balboa, Canal Zone	Panama
1941-48	U.S. Army	U.S.	U.S.

18. DOES YOUR FINANCIAL POSITION PERMIT DISCHARGE OF ALL DEBTS INCURRED? YES NO
 IF "NO," STATE INFORMATION REQUESTED BELOW:

NAMES OF CREDITORS	AMOUNTS DUE	DATES ON WHICH OBLIGATIONS WERE CONTRACTED

19. HAVE YOU EVER BEEN MEDICALLY DISCHARGED FROM THE ARMED SERVICES? YES NO
 IF "YES," GIVE DETAILS IN ITEM 39 OF FORM 57.

20. PRESENT MILITARY STATUS

A. ARE YOU REGISTERED WITH A SELECTIVE SERVICE BOARD? YES NO IF "YES," STATE BELOW THE NUMBER AND ADDRESS OF THE BOARD, AND YOUR CLASSIFICATION:

B. DO YOU HAVE A MILITARY RESERVE STATUS? YES NO IF "YES," STATE BELOW, THE BRANCH OF SERVICE; YOUR SERIAL NUMBER; YOUR ORGANIZATION UNIT AND HEADQUARTERS.

MI Reserve -0-944652 - No organization

21. LIST OTHER NAMES, IF ANY, BY WHICH YOU HAVE BEEN KNOWN INCLUDING MARRIED NAMES, IF MARRIED MORE THAN ONCE, GIVING DATE DURING WHICH NAMES WERE USED. DO NOT DUPLICATE INFORMATION SUPPLIED IN ITEM 16 OF FORM 57.

None

22. HAVE YOU EVER BEEN UNDER THE CIVIL SERVICE RETIREMENT SYSTEM? YES NO IF "YES," STATE BELOW SOCIAL SECURITY NUMBER, IF ANY.

Subject to Civil Service Retirement Act

23. If you believe the information you have supplied on this application does not fully show your qualifications for Foreign Service Employment, state in Item 36 of Form 57 or on a separate sheet, any additional appropriate data that you wish to have considered.

DATE: **September 19, 1952**

SECRET

1. NAME (Last, First, Middle) [Redacted]		2. DATE OF BIRTH [Redacted]		3. GRADE GS-18	
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/BN/COO		5. PRESENT POSITION Ops Officer		6. EMPLOYEE EXTENSION 7481	
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) Chief of Station, 0198			
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE June 1968		11. NO. OF DEPENDENTS TO ACCOMPANY 2	
12. COMMENTS					
13. DATE OF REQUEST 14 February 1968		14. SIGNATURE OF REQUESTING OFFICIAL [Redacted]		15. ROOM NUMBER AND BUILDING 3 D 8308 HQS	
16. EXTENSION 4816					
17. OFFICE OF MEDICAL SERVICES DISPOSITION MEDICALLY QUALIFIED FOR PROPOSED OS PCS [Redacted]					
18. OFFICE OF SECURITY DISPOSITION 14 12 69					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET
(When Filled In)

etc

QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room SE-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 060389	NAME (Last-First-Middle) [Redacted]	DATE OF BIRTH [Redacted]
--------------------------------	--	-----------------------------

SECTION II EDUCATION

HIGH SCHOOL		GRADUATE	
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	<input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/GTR. HRG. (Specify)
	MAJOR	MINOR				
1.						
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:				
2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)				
3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)			
5. OCCUPATION	6. PRESENT EMPLOYER			
7. CITIZENSHIP	8. FORMER CITIZENSHIP(S) (Country/ies)	9. DATE U.S. CITIZENSHIP ACQUIRED		

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

	NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
1	<input checked="" type="checkbox"/> Mrs [Redacted]	Mother-in-law	[Redacted] Matanzas, Cuba	Cuban	Resides with me.
2	<input type="checkbox"/> DELETE				
3	<input type="checkbox"/> ADD				
4	<input type="checkbox"/> DELETE				

FORM 444n

SECRET

10-511

SECRET

OFFICE OF PERSONNEL MANAGEMENT

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT AND USE LIGHT COLORED INKS

SECTION I BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO. 600389

2. NAME (Last, First, Middle)

3. DATE OF BIRTH

4. SCHEDULE GRADUATED 05-15-04

5. POSITION TITLE OPS OFFICER, D CH

6. OFFICE OF ASSIGNMENT WASH, D.C.

SECTION II AGENCY OVERSEAS SERVICE

AREA	TYPE OF SERVICE	FROM	TO
CUBA	PCS CC	63/01/47	58/11/50
WESTERN HEMISPHERE	TDY CC	59/06/18	59/06/27
	PCS RR	60/11/03	65/11/29 ²⁹
	TDY AS	66/02/14	66/02/19
EUROPEAN AREA	TDY PR	66/09/20	66/09/30
EUROPEAN AREA	TDY RR	66/08/01	66/08/13
WESTERN HEMISPHERE	TDY RR	66/10/12	66/10/15
" "	"	66/12/8	66/12/17

OVERSEAS DATA
 CODED
 DATE: 2 Jun 67 INITIALS: [Signature]

SECTION III EDUCATION

DEGREE	MAJOR FIELD	INSTITUTION	YEAR
NO COLLEGE DEGREE ON RECORD			

SECRET

87 JUN 1967

SECRET

(When Filled In)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			CHECK IF APPLICABLE
				PERSONAL DEVICE	TRAVEL	STUDY	
	political topographic, cultural	1960-1965			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X
	''	''			X		X

SECTION V TYPING AND STENOGRAPHIC SKILLS

1. TYPING (WPM) _____ 2. SHORTHAND (WPM) _____ 3. INDICATE SHORTHAND SYSTEM USED CHECK TO APPROPRIATE ITEM
 GREGG SPEEDWRITING STENOTYPE OTHER SPECIFY _____

4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING: computer, mimeograph, card punch, etc.

SECTION VI SPECIAL QUALIFICATIONS

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED INDICATE YOUR PROFICIENCY IN EACH

2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4, SECTION V, LIST ANY SPECIAL SKILLS YOU POSSESS OR KNOW OF OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS, RECORDING EQUIPMENT, RECORDING, OFFSET PRESS, RUBBER PLATE EOP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES

3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC. YES NO

4. IF YOU HAVE ANSWERED YES TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Do not include registration number if known)

5. FIRST LICENSE/CERTIFICATE _____ date of issue _____
 6. LATEST LICENSE/CERTIFICATE _____ date of issue _____

7. LIST ANY BOOKS, ARTICLES, PUBLISHED MATTER OR OTHER WORKS FOR WHICH YOU ARE THE AUTHOR OR FIRST AUTHOR OR HAVE BEEN INCLUDED. INDICATE THE TITLE, PUBLICATION, DATE, AND TYPE OF MATERIAL (Does not include books or articles published in newspapers, magazines, or other periodicals)

8. INDICATE ANY OTHER QUALIFICATIONS WHICH YOU HAVE WHICH ARE NOT COVERED BY ITEMS 1-7 ABOVE

9. LIST ALL MEMBERSHIP AND PUBLIC RELATIONS ORGANIZATIONS

SECRET

C O N F I D E N T I A L

DATE: 13 September 1958

FROM: 8-32

TO : Chief, WH

Director of Security

Director of Personnel

FROM : Chief, Communications Security Division

SUBJECT : Notification of Cryptographic Clearance -

1. Subject employee has been granted a cryptographic clearance under the provisions of CIA Regulation 90-500. Clearance is effective 18 August 1958.

2. Subject has been informed of the granting of clearances, has been briefed concerning cryptographic and related communications security matters, and has signed a Briefing Statement acknowledging responsibility for the protection of cryptographic information.

3. When Subject employee no longer requires the clearance in order to perform his assigned duties, it is requested that the Communications Security Division (2411 I Bldg., Ext. 3021) be notified by WH that the clearance may be revoked.

FOR CHIEF, COMMUNICATIONS:

JM Chief, Protective Branch

Distributions:

- 1 - WH
- 1 - Security Office (Briefing Statement attached)
- 1 - Personnel (Wing 1-II Curio Hall)
- 1 - CC-S/PROT File

C O N F I D E N T I A L

APPLICATION FOR FEDERAL EMPLOYMENT

INSTRUCTIONS: In order to prevent delay in consideration of your application, answer every question on this form clearly and completely. Type or print in INK. In applying for a specific United States Civil Service examination, read the examination announcement carefully and follow all directions. If you are applying for a WRITTEN examination, follow the instructions on the address card regarding disposition of this application. If you are applying for an UNWRITTEN examination, mail this application to the office named in the announcement. Be sure to mail to the same office any other forms required by the announcement. Notify the office with which you file this application of any change in your address.

1 NAME OF EXAMINATION OR KIND OF POSITION APPLIED FOR

2 OPTION: (if mentioned in examination announcement)

3 PLACE OF EMPLOYMENT APPLIED FOR (City and State) & DATE OF THIS APPLICATION
 4th, 1952

4 MR (First name) (Middle) (Mother, if any) (Last)

5 MRS MISS

6 (A) STREET AND NUMBER OR R. D. NUMBER

(B) CITY OR POST OFFICE (including postal zone) AND STATE
 Washington, D.C.

7 LEGAL OR VOTING RESIDENCE (State) (C) OFFICE PHONE NO. HOME PHONE
 New York Woodley 3467

8 DATE OF BIRTH (month, day, year) 10 MARRIED SINGLE

9 PLACE OF BIRTH (city and State, if born outside U. S., name city and country)
 Auburn, N. Y.

12 MALE FEMALE (A) HEIGHT WITHOUT SHOES (B) WEIGHT
 6 FEET INCHES 172 POUNDS

14 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES NO
 (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE
 GS-12 Feb, 1952

DO NOT WRITE IN THIS BLOCK
 For Use of Civil Service Commission Only

MATERIAL SUBMITTED RETURNED

ENTERED REGISTER

APPROVED:

OPTION	GRADE	EARNED RATING	PREFERENCE	AUGN RATING
			<input type="checkbox"/> 5 POINTS (TENT.)	
			<input type="checkbox"/> 10 POINTS	
			<input type="checkbox"/> WIFE OR WIDOW	
			<input type="checkbox"/> DISAL.	
			<input type="checkbox"/> BEING INVESTIGATED	

INITIALS AND DATE

15 (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$ PER YEAR
 You will not be considered for any position with a lower entrance salary.

(B) CHECK IF YOU WILL ACCEPT SHORT-TERM APPOINTMENT IF OFFERED FOR:
 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS

NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a probational appointment.

(C) IF YOU ARE WILLING TO TRAVEL, SPECIFY:
 OCCASIONALLY FREQUENTLY CONSIDERABLY

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED:
 IN WASHINGTON, D. C. ANYWHERE IN THE UNITED STATES
 OUTSIDE THE UNITED STATES

(E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS

16 EXPERIENCE: It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing office of agencies to give you full credit in determining your qualifications. Use a separate block for each position. State with your present position and work load, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without cooperation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the spaces below in its proper sequence.

(a) If you were ever employed in any position under a name different from that shown in Item 8 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

17 PRESENT POSITION

DATES OF EMPLOYMENT (month, year)	EXACT TITLE OF YOUR PRESENT POSITION	CLASSIFICATION GRADE (if in Federal Service)	SALARY OR EARNINGS STARTING \$ PER YR. PER YR.
FROM July 1948 TO PRESENT TIME	Governor's Staff	GS-12	PRESENT \$ 821.00

NAME AND TITLE OF IMMEDIATE SUPERVISOR
 Governor Francis B. Rowcher

NAME AND ADDRESS OF EMPLOYER (Name, organization, or person, if Federal name, department, bureau or establishment, and division)
 Canal Zone Government
 Panama Canal

NAME AND ADDRESS OF BUSINESS SUPERVISOR (If any)
 Career in Foreign Service

18 Description of your work:
 As representative on Governor's Staff handled liaison activities between Governor's office and other Government Agencies in Panama area, including the Ministry of Education, and an official acting as an agent for Governor, reviewed applications filed for Panama Canal employment.

On June 3, 1949

IS CONTINUED

② DATES OF EMPLOYMENT (month, year) FROM 9/8/1941 TO 6/30/48		EXACT TITLE OF YOUR POSITION 1st Lt.	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 320 FINAL \$ 480	PER MO. PER MO.
---	--	---	---	---	--------------------

PLACE OF EMPLOYMENT (city and State) U.S. and Panama	NAME AND TITLE OF IMMEDIATE SUPERVISOR Various
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division) U.S. Army	FIRM OR BUSINESS OR ORGANIZATION (e.g., wholesale club, insurance agency, manufacture of locks, etc.) Military

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 0 to 50	REASON FOR LEAVING Ser. (Honorable)
---	--

DESCRIPTION OF YOUR WORK
Enlisted man and later officer in G-2 Section, U.S. Army

③ DATES OF EMPLOYMENT (month, year) FROM 10/34 TO 6/41		EXACT TITLE OF YOUR POSITION Asst Mgr.	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ 180 FINAL \$ 280	PER MO. PER MO.
---	--	---	---	---	--------------------

PLACE OF EMPLOYMENT (city and State) Auburn, N.Y.	NAME AND TITLE OF IMMEDIATE SUPERVISOR - Owner, Mgr.
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)	FIRM OR BUSINESS OR ORGANIZATION (e.g., wholesale club, insurance agency, manufacture of locks, etc.) Elec. Cont. and Supply Co.

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU 3 - 10	REASON FOR LEAVING Military Service
--	--

DESCRIPTION OF YOUR WORK
Buyer and merchandise man for electrical appliances and contracting supplies.

④ DATES OF EMPLOYMENT (month, year) FROM TO		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER MO. PER MO.
--	--	------------------------------	---	---	--------------------

PLACE OF EMPLOYMENT (city and State)	NAME AND TITLE OF IMMEDIATE SUPERVISOR
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)	FIRM OR BUSINESS OR ORGANIZATION (e.g., wholesale club, insurance agency, manufacture of locks, etc.)
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU	REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

5 DATES OF EMPLOYMENT (month, year)

FROM TO

PLACE OF EMPLOYMENT (to city and State)

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU

DESCRIPTION OF YOUR WORK

EARLY TITLE OF OCCUPATION

CLASSIFICATION (if on FIVE GRADE SCALE)

SALARY OR EARNING STARTING DINAL PER PER

NAME AND TITLE OF IMMEDIATE SUPERVISOR

KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale wh., insurance agency, manufacture of trucks, etc.)

REASON FOR LEAVING

If more space is required, use a continuation sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of the application.

17. MILITARY TRAINING In the space below, describe any training received in the Armed Services (not already listed under Item 16) that would assist in performing officers in placing you most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any special service schools you attended is especially important. (Extra page may be used to give full descriptions.)

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
Nov. '42	Nov. '42	Camp Hickott, Va.	Basic training
Nov. '42	Jan. '43	Baltimore, Md.	Hq. det. tr.
Nov. '43	Oct. '43	Chicago, Ill.	Adv. tr.
Nov. '43	Jan. '44	Ogden, Utah	Spec. AAF training

18. EDUCATION (Circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF

ELEMENTARY SCHOOL JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED

Auburn Senior High School, Auburn, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY

Loyola College, Baltimore

MAJOR AND SPECIALTY

Geo-political

DATES ATTENDED	YEARS COMPLETED	DEGREES CONFERRED		SEMESTER HOURS CREDIT
		TITLE	DATE	
9/47	6/48			1

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS

LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS

(E) OTHER TRAINING SUCH AS VOCATIONAL, BUSINESS STUDY COURSES GIVEN THROUGH THE ARMED SERVICES INSTITUTE (show name and location of school) OR "IN SERVICE TRAINING" IN PUBLIC OR PRIVATE EMPLOYMENT

SUBJECTS STUDIED	DATES ATTENDED		YEARS COMPLETED	
	FROM	TO	DAY	NIGHT

19. INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES

See DHS X

READING	SPEAKING	UNDERST. NG			
			FL. GOOD, FAIR	FL. GOOD, FAIR	FL. GOOD, FAIR

22. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (such as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)?

YES NO GIVE KIND OF LICENSE AND STATE.

FIRST LICENSE OR CERTIFICATE (YEAR)

LATEST LICENSE OR CERTIFICATE (YEAR)

20. IF YOU HAVE TRAVELED OR RESIDED IN ANY FOREIGN COUNTRY, INDICATE (1) NAMES OF COUNTRIES (2) DATES AND LENGTH OF TIME SPENT THERE AND (3) REASON OR PURPOSE (e.g., military service, business, office work, education)

See Item 16 (c)

21. LIST ANY SPECIAL SKILLS, SKILL ANALYZERS AND MACHINES AND EQUIPMENT YOU CAN USE OR HAS OPERATED OF WHICH HAVE RECAL MILITARY OR PROFESSIONAL SERVICE

None

23. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS (1) UNUSUAL IMPORTANT PUBLICATIONS (do not submit copies unless requested) (2) YOUR PATENTS OR INVENTIONS (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE (4) MEMBERSHIP IN PROFESSIONAL OR SCIENTIFIC SOCIETIES ETC. (5) AWARDS AND FELLOWSHIPS RECEIVED

None

APPROXIMATE NUMBER OF HOURS PER WEEK YOU ARE STUDYING

None

24 DEPENDENTS List three persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 16 (EXPERIENCE).

1.	FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1.	Mr. [Redacted]	[Redacted] Harrisburg, Pa.	Personnel Mgr.
2.	[Redacted]	[Redacted] San Francisco, Calif.	Attorney
3.	[Redacted]	[Redacted] Balboa, Canal Zone	Businessman

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
25 MAY YOU BE FIRED BY YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER OR CONDUCT? ETC.	X		35 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? If your answer is "Yes," give details in Item 39.		X
26 ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		36 DOES THE UNITED STATES GOVERNMENT EMPLOY IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? If your answer is "Yes," show in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) Department or Agency by which employed; and (5) kind of appointment.		X
27 ARE YOU, OR DO YOU HAVE EVER BEEN, A MEMBER OF THE COMMUNIST PARTY U. S. A. OR ANY COMMUNIST ORGANIZATION?		X	SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE		
28 ARE YOU, OR DO YOU HAVE EVER BEEN, A MEMBER OF A FASCIST ORGANIZATION?		X	A If you are claiming preference as a PRACETIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN, or as the WIFE OF A DISABLED VETERAN, or as the WIDOW OF A WAR OR CAMPAIGN VETERAN, attach Veteran Preference Claim, CBC Form 14, together with proof specified therein.		
29 ARE YOU, OR DO YOU HAVE EVER BEEN, A MEMBER OF ANY ORGANIZATION, ASSOCIATION, SOCIETY, CLUB OR COMBINATION OF PERSONS WHICH ADVOCATES THE ABOLITION OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR AN ORGANIZATION OR POLITICAL MOVEMENT, GROUP OR COMBINATION OF PERSONS, OR A SOCIETY, WHICH HAS A POLICY OF ADVOCATING OR BRINGING THE COMMERCIAL OR ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS, OR TO THE DENIAL OF THE UNITED STATES OF AMERICA, INCLUDING ALLIED COUNTRIES, THE RIGHTS OF CITIZENSHIP OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?		X	B If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.		

If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.

30 SINCE 1914 (OR EARLIER), HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED, OR AS A DEFENDANT IN A CRIMINAL PROSECUTION OR CONFINED IN PRISON, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN FORWARDED TO OR HELD IN COLLATERAL FOR THE VIOLATION OF ANY FEDERAL REGULATION OR ORDINANCE (INCLUDING MOTOR VEHICLE LAWS) FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED?	YES	NO
X		

If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date, (2) the nature of the offense or violation, (3) the name and location of the court, (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.

31 HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR INADEQUATE SERVICE FROM ANY POSITION?	YES	NO
X		

If your answer is "Yes," give in Item 39 the name and address of employer, date, and reason in each case.

32 HAVE YOU EVER BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM THE EMPLOYMENT OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	YES	NO
X		

If your answer is "Yes," give dates of and reasons for such barment in Item 39.

33 HAVE YOU, OR DO YOU HAVE, A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH WOULD BE A DISQUALIFICATION FOR ASSIGNING YOU TO WORK?	YES	NO
X		

If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.

34 DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	YES	NO
		X

If your answer is "Yes," give complete details in Item 39.

35 (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	YES	NO
X		

(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?

(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALLOWANCES?

(D) DATE OF ENTRY OR ENTRIES INTO SERVICE: 9/8/41 DATE OF SEPARATION OR SEPARATIONS: 6/30/48

BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.): Army SERIAL NO. (if none, give grade or rating at time of separation): 0944652

36 (A) IF YOU SERVED IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING PEACETIME ONLY DID YOU PARTICIPATE IN A CAMPAIGN OR EXPEDITION AND RECEIVE A CAMPAIGN BADGE OR SERVICE RIBBON?	YES	NO
X		

(B) ARE YOU A DISABLED VETERAN?
If so, and you have not listed your disability in answer to Item 33, explain in Item 39 below.

(C) ARE YOU A VETERAN'S WIDOW WHO HAS NOT REMARRIED?

(D) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH QUALIFIES HIM FOR CIVIL SERVICE APPOINTMENT?

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY
The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____ 19____.

Agency: _____ Title: _____

BEFORE SIGNING THIS APPLICATION CHECK BACK OVER IT TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY.

I CERTIFY that the statements made by me in this application are true and correct, and are made in good faith.

Signature of Applicant: _____

Print name in full (last, first, and middle initials or initials and surname). If female, you can give name as "Mrs. Mary L. Doe."

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true and correct, and are made in good faith.

Signature of Applicant: _____

Print name in full (last, first, and middle initials or initials and surname). If female, you can give name as "Mrs. Mary L. Doe."

STANDARD FORM 57 NOV 1947 U.S. CIVIL SERVICE COMMISSION APPLICATION FOR FEDERAL EMPLOY

INSTITUTE FORMS: In order to prevent delay in consideration of your application, please advise promptly of any change of name and address. Type or write in plain ink. In applying for a position in the United States Civil Service Examination, read the examination program carefully and follow all directions. If you are applying for a WAFB 1947 examination, follow the instructions on the application regarding disposition of this application. If you are applying for an UNCLASSIFIED examination, read this application in the office post office in the examination. Be sure to mail to the same office and use the forms required by the examination. Notify the office with which you file this application if you are applying for a position.

1 NAME OF APPLICANT (Last, first and middle initials) Intelligence Officer. 2 CITY AND STATE (as indicated in examination announcement) Balboa, Canal Zone. 3 PLACE OF EMPLOYMENT AND CITY AND STATE (City and State) Balboa, Canal Zone. 4 DATE OF THIS APPLICATION 14 July 1950. 5 SEX (Male or Female) Male. 6 (A) STREET AND HOUSE OR R.F.D. NUMBER. 7 (B) CITY OR POST OFFICE (including postal zone) AND STATE Balboa, Canal Zone. 8 LOCAL OR YOUTH RESIDENCE (State) New York. 9 COUNTY OR DISTRICT Balboa. 10 ZIP CODE 3223. 11 DATE OF BIRTH (month, day, year). 12 PLACE OF BIRTH (city and State, if born outside U.S., name city and country) Auburn, New York. 13 (A) SEX Male. 14 (B) HEIGHT WITHOUT SHOES 6 FEET 0 INCHES. 15 (C) WEIGHT 174 POUNDS. 16 (A) HAVE YOU EVER BEEN EMPLOYED BY THE FEDERAL GOVERNMENT? YES. (B) IF SO, GIVE LAST GRADE AND DATE OF LAST CHANGE IN GRADE GS-9, July 1950.

DO NOT WRITE IN THIS BLOCK For Use of Civil Service Commission Only. APPROVED: [] APPROVED [] REJECTED [] SUBMITTED [] RETURNED. TOTAL GRADES: APPROVED GRADES: GRADE: RATED RATING: PREFERRED: 9 POINTS (TENT) 10 POINTS WIFE OR WIDOW DISAL. BEING INVESTIGATED. INITIALS AND DATE:

17 (A) WHAT IS THE LOWEST ENTRANCE SALARY YOU WILL ACCEPT? \$6,000 PER YEAR. You will not be considered for any position with a lower entrance salary. (B) CHECK IF YOU WILL ACCEPT SHORT TERM APPOINTMENT IF OFFERED, FOR: 1 TO 3 MONTHS 3 TO 6 MONTHS 6 TO 12 MONTHS. NOTE: Acceptance or refusal of a temporary short-term appointment will not affect your opportunity to obtain a permanent appointment. (C) IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY FREQUENTLY CONSTANTLY.

(D) CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: [] IN WASHINGTON, D. C. [] ANYWHERE IN THE UNITED STATES [] OUTSIDE THE UNITED STATES. (E) IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, GIVE ACCEPTABLE LOCATIONS.

18. EXPERIENCE It is important for you to furnish all information requested below in sufficient detail to enable the Civil Service Commission and the appointing offices of agencies to give you full credit in determining your qualifications. Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of unemployment. Experience gained more than 15 years ago which is not pertinent to the work for which you are applying may be summarized in one or more of the blocks. If your duties changed materially while working for the same employer, use a separate block to describe each position. You may include any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation, showing the number of hours per week and weeks per year in which you were engaged in such activity. Military experience should be described in the space below in its proper sequence. (a) If you were ever employed in any position under a name different from that shown in Item 5 of this application, give under "Description of your work" for each position, the name used. (b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

PRESENT POSITION. DATES OF EMPLOYMENT (month, year) FROM February 1949 TO PRESENT TIME. EXACT TITLE OF YOUR PRESENT POSITION Asst. Chief, Civ. Int. Br. CLASSIFICATION GRADE (if in Federal Service) GS-9a. SALARY OR EARNINGS STARTING \$5,000 PER ANNUM PRESENT \$5,750 PER ANNUM. PLACE OF EMPLOYMENT (city and State) Balboa Hqts., Canal Zone. NAME AND ADDRESS OF EMPLOYER (Firm, organization, or person if Federal name department, bureau or establishment, and division) Civil Intelligence Branch, Executive Dept., The Panama Canal. NAME AND TITLE OF IMMEDIATE SUPERVISOR Chief, Civil Int. Branch. KIND OF BUSINESS OR ORGANIZATION (e.g., wholesale sale, insurance agency, manufacture of tools, etc.) U.S. Government. REASON FOR LEAVING TO CHANGE EMPLOYMENT Personal betterment. DESCRIPTION OF YOUR WORK Intelligence investigations of employees of the Panama Canal-Railroad and of incidents within the Canal Zone of a suspected sabotage or espionage nature.

② DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER WK PER HR
FROM: <u>Apr. 1941</u> TO: <u>Sept. 42</u>		<u>Electrician</u>		<u>95</u>	
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
<u>Baltimore, Maryland.</u>		<u>Can not recall</u>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale s.l., insurance agency, manufacture of locks, etc.)			
<u>X. Enterprise Elec. Co.</u>		<u>Electrical Contracting</u>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
<u>2-4, helpers and clerks.</u>		<u>Enlisted in AUS</u>			
DESCRIPTION OF YOUR WORK					
<u>Employed in the capacity of a mechanic. Actual duties consisted mostly of final checkout and inspection of electrical installations on defense housing projects in Balto. area.</u>					

③ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER WK PER HR
FROM: <u>May 41 (App)</u> TO: <u>Apr. 42</u>		<u>Electrician</u>		<u>110</u>	
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
<u>Baltimore, Maryland</u>		<u>Supt.</u>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale s.l., insurance agency, manufacture of locks, etc.)			
<u>H.E. Crook Co., Balto., Md.</u>		<u>Construction corporation</u>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
<u>1-3 assistants</u>		<u>Termination of defense contract</u>			
DESCRIPTION OF YOUR WORK					
<u>Employed as an electrician on defense contracts. Handled material and supplies.</u>					

④ DATES OF EMPLOYMENT (month, year)		EXACT TITLE OF YOUR POSITION	CLASSIFICATION GRADE (if in Federal service)	SALARY OR EARNINGS STARTING \$ FINAL \$	PER WK PER HR
FROM: <u>July 1933</u> TO: <u>Apr. 1942</u>		<u>Ass't Mgr.</u>		<u>20</u> <u>50</u>	
PLACE OF EMPLOYMENT (City and State)		NAME AND TITLE OF IMMEDIATE SUPERVISOR			
<u>Auburn, New York</u>		<u>owner (father)</u>			
NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name, department, bureau or establishment, and division)		KIND OF BUSINESS OR ORGANIZATION (e. g., wholesale s.l., insurance agency, manufacture of locks, etc.)			
<u>Auburn, N.Y.</u>		<u>Electrical Contracting & Supplies.</u>			
NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU		REASON FOR LEAVING			
<u>2-8, salesmen and mechanics</u>		<u>self betterment</u>			
DESCRIPTION OF YOUR WORK					
<u>Entered business as stock and supply clerk, later became salesman and in charge of a group of outdoor salesman. Advanced to Ass't manager where I was responsible for wholesale buying of contracting supplies and appliances.</u>					

⑤ DATE OF EMPLOYMENT (month, year) FROM TO TITLE OF YOUR POSITION NAME OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) SALARY OR EARNINGS (STARTING \$ FINAL \$) PER PFR

PLACE OF EMPLOYMENT (city and State) NAME AND TITLE OF IMMEDIATE SUPERVISOR

NAME AND ADDRESS OF EMPLOYER (firm, organization, or person, if Federal, name department, bureau or establishment, and division) KIND OF BUSINESS OR COMMERCE (e.g., wholesale and insurance agency, manufacture of books, etc.)

NUMBER AND KIND OF EMPLOYEES SUPERVISED BY YOU REASON FOR LEAVING

DESCRIPTION OF YOUR WORK

If more space is required, use a continuation sheet (Standard Form No. 57) of a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and examination title. Attach to inside of this application.

17. MILITARY TRAINING: In the space below, show any training received in the Armed Services (not already listed under Item 16) that would assist in planning your most effectively. Indicate actual amount of training received, such as hours per week. Detailed information regarding any schools or courses you attended is especially important. (Extra pages may be used to give full descriptions.)

DATES		LOCATION	DESCRIPTION OF TRAINING
FROM	TO		
Oct. 42	Dec. 42	Balto., Md.	Basic CIC Agt's training Sch.-Inv. techniques.
Sept. 43	Nov. 43	Chicago, Ill.	Advanced CIC Agt's tra. Sch. "
April 44	June 44	Ogden, Utah	CIC AAF Tra. Sch. Tra. in sabotage detection on aircraft and aircraft installations.

18. EDUCATION. (Circle highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12

MARK (X) THE APPROPRIATE BOX TO INDICATE SATISFACTORY COMPLETION OF: ELEMENTARY SCHOOL JUNIOR HIGH SCHOOL SENIOR HIGH SCHOOL

(A) GIVE NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED: Auburn Senior High, Auburn, N.Y.

(B) SUBJECTS STUDIED IN HIGH SCHOOL WHICH APPLY TO POSITION DESIRED: NONE

DATES ATTENDED	YEARS COMPLETED		DEGREES CONFERRED		SEMESTER MONTHS COMPLETED
	FROM	TO	TITLE	DATE	
1947		1948			4

(C) NAME AND LOCATION OF COLLEGE OR UNIVERSITY: Loyola, Balto., Md. MAJOR AND SPECIALTY: -

(D) LIST YOUR CHIEF UNDERGRADUATE COLLEGE SUBJECTS: Political science. HOURS COMPLETED: 4

(E) LIST YOUR CHIEF GRADUATE COLLEGE SUBJECTS: -

(F) OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMY, SERVICE, OR CIVILIAN AGENCIES (GIVE LOCATION OF SCHOOLS) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT: Berlitz School of Foreign Language, Balto., Md. SUBJECTS STUDIED: Spanish. DATES ATTENDED: FROM 1948 TO 1948. YEARS COMPLETED: DAY - NIGHT -

(G) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: Spanish. READING: 4. SPEAKING: 2. UNDERSTANDING: 2.

(H) LIST ALL OTHER TRAINING, SUCH AS VOCATIONAL, BUSINESS, STUDY COURSES GIVEN THROUGH THE ARMY, SERVICE, OR CIVILIAN AGENCIES (GIVE LOCATION OF SCHOOLS) OR IN SERVICE TRAINING IN PUBLIC OR PRIVATE EMPLOYMENT: CANA & Carol Kane, July 1949 to present. Military. CIVILIAN

(I) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(J) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(K) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(L) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(M) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(N) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(O) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(P) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(Q) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(R) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(S) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(T) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(U) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(V) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(W) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(X) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(Y) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

(Z) INDICATE YOUR KNOWLEDGE OF FOREIGN LANGUAGES: None. READING: - SPEAKING: - UNDERSTANDING: -

14. FULL NAME: List three persons living in the United States or Territories of the United States who are NOT relatives of you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of applicants submitted under Item 14 (GENERAL INSTRUCTIONS).

FULL NAME	(Give complete current address, including street and number)	BUSINESS OR OCCUPATION
1. [Redacted]	Baltimore, Md.	Attorney
2. [Redacted]	Los Angeles, Calif.	Salesman
3. [Redacted]	Harrisburg, Pa.	Personnel Mgr.

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	
25. MAY INQUIRY BY MANY OF YOUR PRESENT EMPLOYER REGARDING YOUR CHARACTER, QUALIFICATION, ETC.?	X		35. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X	
26. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X		36. ARE AS THE UNITED STATES GOVERNMENT EMPLOYEES IN A CIVILIAN CAPACITY ANY RELATIVE OF YOURS (BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE LAST 24 MONTHS?		X	
27. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY OF U.S. OR ANY COMMUNIST ORGANIZATION?	X		SPECIAL INSTRUCTIONS FOR CLAIMING VETERAN PREFERENCE A. If you are claiming preference as a FRAC-TIME VETERAN who has been awarded a campaign badge or service ribbon, or as a DISABLED VETERAN , or as the WIDOW OF A WAR OR CAMPAIGN VETERAN , attach Veteran Preference Claim, CSC Form 14, together with proof specified therein. B. If you are a WAR-TIME VETERAN not claiming disability preference, you should NOT submit your discharge with this application. Preference will be tentatively credited to you and if appointed, you will be required to submit to the appointing officer prior to entry on duty, official evidence of separation from active service in the armed forces of the United States in time of war.			
28. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	X		37. (A) WERE YOU EVER IN THE UNITED STATES MILITARY OR NAVAL SERVICE DURING TIME OF WAR?	X		
29. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, AFFILIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH ASSOCIATED WITH THE FORM OF GOVERNMENT OF THE UNITED STATES OR WITH THE FORM OF GOVERNMENT OF ANY OTHER COUNTRY OR WITH THE FORM OF GOVERNMENT OF ANY OTHER COUNTRY OR WITH THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	X		(B) IS THE WORD "HONORABLE" OR THE WORD "SATISFACTORY" USED IN YOUR DISCHARGE OR SEPARATION PAPERS TO SHOW THE TYPE OF YOUR DISCHARGE OR SEPARATION?	X		
If your answer to question 27, 28, or 29 above is "yes," state in Item 39 the names of all such organizations, associations, movements, groups, or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities therein.			(C) WAS SERVICE PERFORMED ON AN ACTIVE FULL-TIME BASIS WITH FULL MILITARY PAY AND ALL PRIVILEGES?	X		
30. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE, INCLUDING MOTOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORTUITURE OF \$20 OR LESS WAS IMPOSED?			(D) DATE OF ENTRY INTO SERVICE	Sep 42	DATE OF SEPARATION OR SEPARATION	Feb 46
If your answer is "Yes," list all such cases under Item 39 below. Give in each case (1) the date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.			BRANCH OF SERVICE (Army, Navy, Marine Corps, Coast Guard, etc.)	Army	SERIAL NO. (if none, give grade or rating at time of separation)	O-914652
31. HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION?	X		THIS SPACE FOR USE OF APPOINTING OFFICER ONLY The information contained in the answers to Question 37 above has been verified by comparison with the discharge certificate on _____, 19____.			
32. HAVE YOU EVER BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	X		(E) ARE YOU A DISABLED VETERAN?		X	
If your answer is "Yes," give in Item 39 the name and address of employer, date, and reasons each case.			(F) ARE YOU THE WIFE OF A VETERAN WHO HAS A SERVICE CONNECTED DISABILITY WHICH IS OR EQUALS THAT FOR WHICH SERVICE RIBBONS WERE AWARDED?		X	
33. HAVE YOU ANY PHYSICAL HANDICAP, DEFECT, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO A JOB?	X		Agency: _____ Title: _____			
If your answer is "Yes," give complete details in Item 39 so that consideration can be given to your physical fitness for the job.			39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply)			
34. DO YOU RECEIVE AN PENSION FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	X		ITEM NO.	ITEM NO.	ITEM NO.	
If your answer is "Yes," give complete details in Item 39.						

If more space is required, use paper the same size as this page. Write on each sheet your name, address, date of birth, and examination U.S. Attach to inside of this application.

Before signing this application check back over it to make sure that you have answered ALL questions correctly.

I CERTIFY that the statements made by me in this application are true and belief, and are made in good faith.

False statement on this application is punishable by Law (U. S. Code, Title 18, Section 80).

SIGNATURE OF APPLICANT (Stamp: Legible Name and Title, Date of Birth, Date of Examination, U.S. Name as Mrs. Mary L. Lee)

U. S. GOVERNMENT PRINTING OFFICE 16-22000-1

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES NO

SECTION 1. PERSONAL BACKGROUND

NAME: MISS FIRST _____ MIDDLE _____ LAST _____ TELEPHONE: Balboa 3223
 MR. MRS.

PRESENT ADDRESS: STREET AND NUMBER _____ CITY: Balboa STATE: Canal Zone COUNTRY: _____

LEGAL RESIDENCE: STREET AND NUMBER _____ CITY: Auburn STATE: New York COUNTRY: U.S.A.

NICKNAMES: _____ OTHER NAMES THAT YOU HAVE USED: None Not applicable

UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES? Not applicable HOW LONG? Not applicable

IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY): Not applicable

DATE OF BIRTH: _____ PLACE OF BIRTH: Auburn CITY: New York STATE: U.S.A. COUNTRY: _____

PRESENT CITIZENSHIP: U.S.A. ACQUIRED BY: BIRTH MARRIAGE NATURALIZATION

NATURALIZATION CERTIFICATE: NUMBER: Not applicable DATE ISSUED: Not applicable NAME OF COURT: Not applicable

LOCATION OF COURT: Not applicable CITY: _____ STATE: _____ COUNTRY: _____

PREVIOUS CITIZENSHIP: Not applicable DATE HELD: _____ FROM: _____ TO: _____

OTHER CITIZENSHIPS (GIVE PARTICULARS): Not applicable

STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS): Not applicable

LAST U.S. PASSPORT: NUMBER: 58 DATE: 10 Sept. 1948 PLACE OF ISSUE: Colon, Republic of Panama

ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES): None.

PASSPORTS OF OTHER NATIONS: None

IF BORN OUTSIDE U.S.: DATE OF ARRIVAL IN THIS COUNTRY: Not applicable PORT OF ENTRY: _____ PASSPORT OF COUNTRY: _____

LAST U.S. VISA: NUMBER: Not applicable TYPE: _____ DATE: _____ PLACE OF ISSUE: _____

SECTION 2. PHYSICAL DESCRIPTION

AGE: 35 SEX: Male HEIGHT: 6' WEIGHT: 174 lbs. EYES: grey HAIR: grey
 COMPLEXION: Ruddy SCARS: None BUILD: Medium

OTHER DISTINGUISHING FEATURES: None

SECTION 3. MARITAL STATUS

MARRIED WIDOWED SEPARATED DATE OF SEPARATION OR DIVORCE _____ PLACE _____
SINGLE DIVORCED

REASON FOR SEPARATION OR DIVORCE _____

NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

NAME OF WIFE OR HUSBAND FIRST _____ MIDDLE (FOR WIFE, MAIDEN) _____ LAST _____ DATE OF MARRIAGE _____

PLACE OF MARRIAGE (HIS OR HER ADDRESS BEFORE MARRIAGE) STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

LIVING DECEASED DATE OF DECEASE _____ CAUSE _____

PRESENT OR LAST ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ CITY _____ STATE _____ COUNTRY _____

CITIZENSHIP U.S.A. DATE ACQUIRED _____ WHERE ACQUIRED _____ CITY _____ STATE _____ COUNTRY _____

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

DATE OF MILITARY SERVICE FROM: _____ TO: _____ BRANCH OF SERVICE _____ COUNTRY _____
Not applicable

OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)
Not applicable

SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)

NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

NAME _____ RELATIONSHIP _____ AGE _____

CITIZENSHIP _____ ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

SECTION 5. PARENTS

NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET.

NAME OF FATHER FIRST _____ MIDDLE _____ LAST _____ (LIVING DECEASED

DATE OF DECEASE _____ CAUSE _____

PRESENT OR LAST ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ CITY _____ STATE _____ COUNTRY _____

CITIZENSHIP U.S.A. DATE ACQUIRED _____ WHERE ACQUIRED _____ CITY _____ STATE _____ COUNTRY _____

OCCUPATION _____ LAST EMPLOYER _____

EMPLOYER'S OR OWN BUSINESS ADDRESS STREET AND NUMBER _____ CITY _____ STATE _____ COUNTRY _____

SECTION 5. PARENTS

SECTION 5. PARENTS (CONTINUED FROM PAGE 2)						
DATE OF MILITARY SERVICE		BRANCH OR SERVICE		COUNTRY		
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)						
NAME OF MOTHER		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
DATE OF DECEASE		CAUSE				
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY
CITIZENSHIP		DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
OCCUPATION		LAST EMPLOYER				
EMPLOYER'S OR OWN BUSINESS ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)						
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-STEP- AND ADOPTED BROTHERS AND SISTERS)						
NAME		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
NAME		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
NAME		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
PRESENT ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
SECTION 7. PARENTS-IN-LAW						
NAME OF FATHER-IN-LAW		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
DATE OF DECEASE		CAUSE				
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY
CITIZENSHIP		DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
OCCUPATION		LAST EMPLOYER				
NAME OF MOTHER-IN-LAW		FIRST	MIDDLE	LAST		LIVING <input type="checkbox"/> DECEASED <input type="checkbox"/>
DATE OF DECEASE		CAUSE				
PRESENT OR LAST ADDRESS		STREET AND NUMBER		CITY	STATE	COUNTRY
DATE OF BIRTH		PLACE OF BIRTH		CITY	STATE	COUNTRY
CITIZENSHIP		DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
OCCUPATION		LAST EMPLOYER				

SECTION 8. RELATIVES

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZERS.

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION
Not applicable

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION
Not applicable

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY

REASON FOR LISTING UNDER THIS QUESTION
Not applicable

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)		

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)		

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)		

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY STATE COUNTRY
TYPE AND LOCATION OF SERVICE (IF KNOWN)		

SECTION 9. EDUCATION

SCHOOL	ADDRESS	CITY	STATE	COUNTRY
--------	---------	------	-------	---------

DATES ATTENDED	FROM	TO	DEGREE
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SCHOOL	ADDRESS	CITY	STATE	COUNTRY
--------	---------	------	-------	---------

DATES ATTENDED	FROM	TO	DEGREE
----------------	------	----	--------

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
---------	---------	------	-------	---------

DATES ATTENDED	FROM	TO	DEGREE
----------------	------	----	--------

COLLEGE	ADDRESS	CITY	STATE	COUNTRY
---------	---------	------	-------	---------

DATES ATTENDED	FROM	TO	DEGREE
----------------	------	----	--------

SECTION 10. SELECTIVE SERVICE (THIS CONTINUED ON PAGE 7)

SECTION 10. SELECTIVE SERVICE (U.S.)			
CLASSIFICATION	GRADE NUMBER	APPROXIMATE INDUCTION DATE	BOARD NUMBER
ADDRESS OF BOARD		STREET AND NUMBER	CITY STATE
IF DEFERRED, STATE REASON			
SECTION 11. MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN			
COUNTRY	SERVICE	SERVICE DATES	FROM
GRADE	SERIAL NUMBER	TYPE OF DISCHARGE	
LAST STATION		COMMANDING OFFICER	
REMARKS:			
By calling military number has been reported to the Quarter Intelligence Corps. At the present time I am assigned to the Civilian position of the Panama Canal and employed as an investigator with the Civil Intelligence Branch, The Panama Canal.			
SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
DATES COVERED	FROM:	TO:	SALARY PER
REASONS FOR LEAVING			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
DATES COVERED	FROM:	TO:	SALARY PER
REASONS FOR LEAVING			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY		NAME OF SUPERVISOR	
DATES COVERED	FROM:	TO:	SALARY PER
REASONS FOR LEAVING			
EMPLOYER		JOB TITLE	
ADDRESS		KIND OF BUSINESS	

SECTION 17. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)

YOUR DUTIES AND SPECIALTY		NAME OF SUPERVISOR	
Not applicable		Not applicable	
DATES COVERED	FROM	TO	PER
	Not applicable	Not applicable	Not applicable
REASONS FOR LEAVING			
Not applicable			
EMPLOYER		JOB TITLE	
Not applicable		Not applicable	
ADDRESS	STREET AND NUMBER	CITY	STATE
Not applicable	Not applicable	Not applicable	Not applicable
YOUR DUTIES AND SPECIALTY		NAME OF SUPERVISOR	
Not applicable		Not applicable	
DATES COVERED	FROM	TO	PER
	Not applicable	Not applicable	Not applicable
REASONS FOR LEAVING			
Not applicable			
EMPLOYER		JOB TITLE	
Not applicable		Not applicable	
ADDRESS	STREET AND NUMBER	CITY	STATE
Not applicable	Not applicable	Not applicable	Not applicable
YOUR DUTIES AND SPECIALTY		NAME OF SUPERVISOR	
Not applicable		Not applicable	
DATES COVERED	FROM	TO	PER
	Not applicable	Not applicable	Not applicable
REASONS FOR LEAVING			
Not applicable			

NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.

DETAILS:

Not applicable

SECTION 18. CHARACTER REFERENCES—FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]

SECTION 19. SOCIAL ACQUAINTANCES—FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)

NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]
NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]

SECTION 20. NEIGHBORS—THREE IN THE UNITED STATES

NAME	ADDRESS, STREET AND NUMBER	CITY	STATE
[Redacted]	[Redacted]	[Redacted]	[Redacted]

SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE

SECTION 16. MISCELLANEOUS

DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES NO

IF ANSWER IS "YES" EXPLAIN BELOW.

DO YOU USE, OR HAVE YOU USED "GUNS"?

HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.

HAVE YOU EVER BEEN COURT-MARTIALED OR BE A MEMBER OF THE ARMED FORCES? YES NO

IF ANSWER IS "YES", GIVE DETAILS BELOW.

SECTION 17. FINANCIAL BACKGROUND

ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES NO IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.

NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS

HAVE YOU EVER BEEN IN BANKRUPTCY? YES NO IF ANSWER IS "YES", GIVE PARTICULARS:

SECTION 18. CREDIT REFERENCES—THREE IN THE UNITED STATES

NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE
NAME	ADDRESS STREET AND NUMBER	CITY	STATE

SECTION 19. RESIDENCES FOR PAST 15 YEARS

FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	BY:
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	BY:
FROM:	TO:	ADDRESS STREET AND NUMBER	CITY	STATE	BY:

SECTION 23. GENERAL QUALIFI

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY ACCOMPLISHMENTS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

I completed the 11th grade at the Central High School of Chicago, Ill. in 1934, attended the advanced high school at Chicago, Ill. in 1937 and received 2 weeks training at the CIC AIF school in Ogden, Utah in 1944. I have worked as an agent for CIC since 1947 in Portland, O., Dayton, Ohio, and Baltimore and as resident agent in Columbus, Ohio and Philadelphia, Pa.

SECTION 24. SPORTS AND HOBBIES

Golf, fishing

SECTION 25. EMERGENCY ADDRESSEE

NAME				RELATIONSHIP	
				Son	
ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	TELEPHONE
		Albany	New York	U.S.A.	736-5000

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

NO

SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED BY Bellona Helen Parrott DATE 17 July 1950

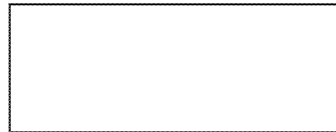
SECRET

SECURITY INFORMATION

TO : Chief, Communications
Acting
FROM : Chief, Security Division
SUBJECT:
#13726

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.



SECRET

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CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 9 May 1952

TO: Chief, Covert Personnel Division

Your Reference: L-9389

FROM: Chief, Security Division

Case Number: 43726

SUBJECT:

1. This is to advise you of security action in the subject case as indicated below:

- Security approval is granted the subject person for access to classified information.
- Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 1C-9 which provides for a temporary appointment pending completion of full security investigation.
- The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of Paragraph H of Regulation 1C-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of the EOD procedures.

*not
15 May*

C. V. PROBLEY

file

*EOD: 25 June 1952
per Miss
6/3/52*

*To EOD: about 25 June 1952
in Washington Per
5/20/52*

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SECURITY APPROVAL

To : Chief, Employees Division, Special Support Staff
: Personnel Office
Date: NOV 20 1950

From : Chief of Inspection and Security
Number: 43726

Subject:
#43726

1. Note "X" below:

Security approval is granted subject for access to classified information contingent upon the receipt of derogatory information at some future date.

Provisional clearance for full duty with CIA is granted under the provisions of paragraph 4, Administrative Instruction 10-2, which provides for a temporary appointment pending the completion of full security investigation.

Unless the applicant enters upon duty within 60 days from above date this approval becomes invalid.

2. Your memorandum dated 14 August 1950 stated Subject is an applicant for FDT.

Chief, Personnel Security Division
Chief, Special Security Branch

modified
22 Nov 50
C.H.

BR
[Signature]

~~SECRET~~
~~CONFIDENTIAL~~

RECORD OF
PREVIOUS GOVERNMENT
SERVICE RETURNED TO
FEDERAL RECORDS CENTER IN
ST. LOUIS, MO.

DATE 7/13/73 JS